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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

PROFIT

FILED May 21 1997 8:00am

	1997 JMENT # P96000 JCCI ENTERPRISES, INC.		ORPORATIONS			
Principal Place of Business 3738 RIVEREDGE DRIVE JACKSONVILLE FL 32277		Mailing Address 3738 RIVEREDGE DRIVE JACKSONVILLE FL 32277-2844				
	Place of Business	2a. Mailing Address		4. FEI Number	· · · · · · · · · · · · · · · · · · ·	plied For
Suite, Ap	ot #, etc.	Suite, Apt. #, etc.			\$8.75	t Applicable Additional
2		27	······································	5. Certificate of Status Desired	Fee Re	<u></u>
City & Sta	ate	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5,00 Added	
Zip	• Country	Zip	Country	This corporation has liability for		
4	25 g, Name and Address of Curre		30	Florida Statutes 10. Name and Address of New Re	Yes No	
RA'	TEH, PRICKY P	one riogistion Agont	81 Name	10. reditio and Hadisəs of Hole to		·
5050 SUNBEAM RD, SUITE 3 JACKSONVILLE FL 32257			82 Street Add	fress (P.O. Box Number is Not Accepta	ble)	······································
٥٨٠	DINOUTFILL TE SEEST		83	······································		
			84 City		85 Zip	Code
11. Pursuan office of	nt to the provisions of Sections 607.05 r registered agent, or both, in the Stat	502 and 607.1508, Florida Statute te of Florida. Such change was a	es, the above-named corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing it ept the appointment as	s registered registered
SIGNATURE	Signature mean or printed harne of registered a	igent and title if applicable. (NOTE	Pregistered Agent signature requ		purpose of changing it ept the appointment as /2/97 DATE	
11. Pursuar office of agent. I	Signature mean or printed harde of registered a OFFICERS A	and and	and Wickling	ra Vios. 5%	purpose of changing it ept the appointment as /2/97 DATE	
SIGNATURE	PTD MICOLUCCI, JEANNE B	gent and title if applicable. (NOTE ND DIRECTORS	Registered Agent Lightstura Year	ared when refustating) S/	purpose of changing it ept the appointment as DATE	RS IN 12
SIGNATURE 12. LILE NAME SIREFT ADDRESS	PTD MICOLUCCI, JEANNE B 3738 RIVEREDGE DRIVE	gent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ared when refustating) S/	purpose of changing it ept the appointment as DATE	RS IN 12
SIGNATURE 12. HILE NAME SIRRET ADORESS OHY- SI-ZIP	OFFICERS A PTD MICOLUCCI, JEANNE B 3738 RIVEREDGE DRIVE JACKSONVILLE FL 32277	gent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ared when refustating) S/	purpose of changing it ept the appointment as DATE	RS IN 12 Addition
SIGNATURE 12. 1-ILE NAME SIREET ADORESS CHY - ST-ZIP	PTD MICOLUCCI, JEANNE B 3738 RIVEREDGE DRIVE JACKSONVILLE FL 32277 VD MICOLUCCI, VICTOR	open) and title if applicable (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ared when refustating) S/	purpose of changing in the appointment as DATE DATE CERS AND DIRECTOF Change	RS IN 12 Addition
SIGNATURE 12. THE NAME SIRRET ADDRESS OHY-ST-ZIP HTTE NAME	PTD MICOLUCCI, JEANNE B 3738 RIVEREDGE DRIVE JACKSONVILLE FL 32277 VD MICOLUCCI, VICTOR 3738 RIVEREDGE DRIVE	open) and title if applicable (NOTE ND DIRECTORS	Registated Agent signatura Yes) 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ared when refustating) S/	purpose of changing in the appointment as DATE DATE CERS AND DIRECTOF Change	RS IN 12
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information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.