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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100706 (6)

1. Corporation Name

JDP, INC.

Principal Place of Business

1400 CENTRPARK BLVD.
SUITE 8800
W PALM BEACH FL 33401

Mailing Address

1400 CENTRPARK BLVD.
SUITE 8800
W PALM BEACH FL 33401-7402

2. Principal Place of Business

21 50 S US Hwy 1

2a. Mailing Address

2a SAME

Suite, Apt. #, etc.

22 Suite 204

Suite, Apt. #, etc.

27 SAME

City & State

23 Jupiter FL

City & State

28 SAME

Zip

24 33477

Country

Zip

29 SAME

Country

30 SAME

9. Name and Address of Current Registered Agent

ADAMS, PAUL M
1400 CENTREPARK BLVD.
SUITE 8800
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Paul Adams

82 Street Address (P.O. Box Number is Not Acceptable)

710 CLAREMORE DR

83

84 City

W. Palm Beach FL

85 Zip Code

33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person performing duties of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, PAUL M	
STREET ADDRESS	710 CLAREMORE DRIVE	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, JOHN	
STREET ADDRESS	110 BOBWHITE ROAD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D E	<input type="checkbox"/> DELETE
NAME	MEZZAPELLE, DAVID	
STREET ADDRESS	50 SOUTH US HWY 1, SUITE 204	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	mezzapelle, David M
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 incorporator 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Mezzapelle

Date

3/12/97

Daytime Phone # 0000017

CR2E034 (9/96)