FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

COR ANNL	PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Feb 18 1997 8:00am Secretary of State			
DOCUMENT # P96000101816 (2) J C J W, INC. Principal Place of Business Mailing Address 1330-B N.W. 6TH STREET GAINESVILLE FL 32601-2211									
							3. Date Incorporated or Qualified 12/18/1996	3a. Date of	
·	lace of Business	├ ¬	Mailing Address			}	4, FEI Number 59-3416025	}	Applied For
Suite, Apt.	#. etc	26	Suite, Apt. #, etc.				J9-3410023	- 98	Not Applicable 3.75 Additional
22		27				}	5. Certificate of Status Desired	1 1 7 -	Fee Required
City & Stati	9	├ ─-7	City & State				6. Election Campaign Financing	· ·	5.00 May Be
Z ip	Country	28	Žip	Countr	\ <u>'</u>		Trust Fund Contribution		Added to Fees
24	25	29	ыþ	30	У	{	This corporation has hability for Florida Statutes	intangibie tax u Yes 🔲 No	
L L	9. Name and Address o		red Agent	1001		1	10. Name and Address of New Re		
GAIN 11. Pursuant office or ragent. La	-B N.W. 6TH STREET IESVILLE FL 32601 to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the	he State of Florida	a. Such change was a	authorized b	City ve-named or the corp	corpor	s (P.O. Box Number is Not Acceptate at the submits this statement for the part board of directors. I hereby acceptance is submits this statement for the part of directors.	FL 85	nging its regis!
SIGNATURE	Signature, typed or printed name of reg	pistereo agent and title if	applicable. (NÖ1	F: Registered Ag	jent signature (tequired	when reinstating)	DATE	
12.		ERS AND DIRECT		13,	~ ~ ~ 7	,	ADDITIONS/CHANGES TO OFFIC		
TITLE	D ~ Y	NLI	C DELETE	1.1 TITLE	}				thange 📙 🚡
NAME STREET ADDRESS	WATTLEWORTH, JOSEF 19751 N.E. 87TH LANE	'n		1.2 NAME	T ADDRESS	! 			•
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CITY-ST-ZIP	WILLISTON FL 32696		T or cre	2. 4 CJTY	- ST - ZIP	 			Change []
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STREET ADDRESS	1330-B N.W. 6TH STRE	FT			1 ADDRESS	}			,
CITY-ST-ZIP	GAINESVILLE FL 32801			3.4. CITY	({			
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THILE			DELETE	5.1 TITLE 5.2 NAME	Į.	}		L 0	Change A
I NAME I	İ			■ 5.2 NAME		ı			

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE:

Displace And Typed or Printed NAME OF SIGNING OFFICER OR DIRECTOR

Displace And Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.3 STREET ADDRESS

5 4 CiTY - ST - ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change Addition