

**FILE NOW: FILING FEE AFTER MAY 1 IS \$590**

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1997 AUG 19 PM 1: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mori  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000104513 (2)  
1. Corporation Name  
JENARD ENTERPRISES, INC.

Principal Place of Business: 6703 LAWRENCE WOODS COURT LANTANA FL 33462  
Mailing Address: 6703 LAWRENCE WOODS COURT LANTANA FL 33462-3428

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/31/1996	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	65-0729143	Not Applicable
24	Country	29	City	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent  
Name: Kimberley L. Jenard  
Street Address (P.O. Box Number is Not Acceptable): 6703 LAWRENCE WOODS CT.  
City: Lantana FL 33462

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the five-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: Kimberley L. Jenard DATE: 7/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2	MARK E. JENARD
STREET ADDRESS		1.3	6703 LAWRENCE WOODS CT
CITY-ST-ZIP		1.4	LANTANA, FL 33462
TITLE	<input type="checkbox"/> DELETE	2.1	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2	KIMBERLEY L. JENARD
STREET ADDRESS		2.3	6703 LAWRENCE WOODS CT.
CITY-ST-ZIP		2.4	LANTANA, FL 33462
TITLE	<input type="checkbox"/> DELETE	3.1	100002278861--5
NAME		3.2	-08/27/97--01102--004
STREET ADDRESS		3.3	****165.00 ****165.00
CITY-ST-ZIP		3.4	
TITLE	<input type="checkbox"/> DELETE	4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3	
CITY-ST-ZIP		4.4	
TITLE	<input type="checkbox"/> DELETE	5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3	
CITY-ST-ZIP		5.4	
TITLE	<input type="checkbox"/> DELETE	6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3	
CITY-ST-ZIP		6.4	

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: Kimberley L. Jenard KIMBERLEY L. JENARD 7/25/97 561-439-2125

CR2E034 (9/96)