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Jan 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000011345 (0)

1. Corporation Name

J.J.S. MARKETING SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 28378 TASCA DRIVE BONITA SPRINGS FL 34145 28437 SOMBRERO DR. BONITA SPRINGS FL 34135		Mailing Address 28378 TASCA DRIVE BONITA SPRINGS FL 34145 28437 SOMBRERO DR. BONITA SPRINGS FL 34135	
2. Principal Place of Business 21 28437 SOMBRERO Suite, Apt. #, etc.		2a. Mailing Address 26 28437 SOMBRERO Suite, Apt. #, etc.	
22 City & State 23 BONITA SPRINGS Zip 34135 Country LEE		27 City & State 28 BONITA SPRINGS Zip 34135 Country LEE	
24 34135 25 LEE		29 34135 30 LEE	
9. Name and Address of Current Registered Agent SUTTER, JOHN J 28378 TASCA DRIVE BONITA SPRINGS FL 34145		10. Name and Address of New Registered Agent 81 Name JOHN J. SUTTER 82 Street Address (P.O. Box Number is Not Acceptable) 28437 SOMBRERO DRIVE 83 1 84 City BONITA SPRINGS FL 85 Zip Code 34135	

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, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PATRICIA M. SUTTER 28437 SOMBRERO DR. BONITA SPRINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP JOHN J. SUTTER 28437 SOMBRERO DR. BONITA SPRINGS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SCOTT JOAN SUTTER BOX 8444 NIA BARTLETT ILL 60103	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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]

[Signature] 12/13/98 941-982-5570

CR2E034 (10/97)