

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

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Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthagt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000028296 (6)

1. Corporation Name

JABOB, INC.

Principal Place of Business

4218 E. ROBINSON STREET
ORLANDO FL 32804

Mailing Address

4218 E. ROBINSON STREET
ORLANDO FL 32804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 200 N. PRIMROSE DR		26 200 N PRIMROSE		03/26/1997	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number	
23 ORLANDO		28 ORLANDO FL		59-3435572	
24 32803		29 32803		5. Certificate of Status Desired	
25 USA		30 USA		6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				9. Yes 10. No	

9. Name and Address of Current Registered Agent

MOON, JANE B
4218 E. ROBINSON STREET
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name	85
82 Street Address (P.O. Box Number is Not Acceptable)	
83 200 N PRIMROSE	
84 City	85
ORLANDO, FL	32803

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT & DIRECTOR	1.1 TITLE	
NAME	JANE B MOON	1.2 NAME	
STREET ADDRESS	300 N PRIMROSE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: JANE B MOON 1/22/98 407-898-6600

CR2E034 (10/97)