

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000034055 (8)

1. Corporation Name
JAVMO, INC.



Principal Place of Business 112 SANTIAGO STREET ROYAL PALM BEACH FL 33411-1233	Mailing Address 112 SANTIAGO STREET ROYAL PALM BEACH FL 33411-1233
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5404 MOORES MILL ROAD Suite, Apt. #, etc. 22 City & State 23 TALLAHASSEE, FL. Zip 24 32308	2a. Mailing Address 26 5404 MOORES MILL ROAD Suite, Apt. #, etc. 27 City & State 28 TALLAHASSEE, FL. Zip 29 32308 Country 30 LEON
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3. Date Incorporated or Qualified 04/14/1997	4. FEI Number 65-0752796 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOLE, KIRBY J 112 SANTIAGO STREET ROYAL PALM BEACH FL 33411-1233	10. Name and Address of New Registered Agent 81 Name KIRBY J. MOLE 82 Street Address (P.O. Box Number is Not Acceptable) 5404 MOORES MILL ROAD 83 84 City TALLAHASSEE FL 85 Zip Code 32308
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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 if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST <input type="checkbox"/> DELETE	1.1 TITLE	PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLE, KIRBY J	1.2 NAME	MOLE, Kirby J.
STREET ADDRESS	112 SANTIAGO STREET	1.3 STREET ADDRESS	5404 MOORES MILL ROAD
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411-1233	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLE, KIRBY J	2.2 NAME	MOLE, Kirby J.
STREET ADDRESS	112 SANTIAGO STREET	2.3 STREET ADDRESS	5404 MOORES MILL ROAD
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411-1233	2.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32308
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Kirby J. Mole, President**
Kirby J. Mole, President

850 668 0828

CR2E034 (10/97)