


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

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P97000040942 (9)**  
 1. Corporation Name  
**JASMINE SQUARE, INC.**



Principal Place of Business <b>2801 SOUTHWEST COLLEGE ROAD SUITE 1 OCALA FL 34474</b>	Mailing Address <b>2801 SOUTHWEST COLLEGE ROAD SUITE 1 OCALA FL 34474</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6539 SE Federal Hwy</b> Suite, Apt. #, etc. 22 City & State 23 <b>Stuart, FL</b> Zip 24 <b>34997</b>	2a. Mailing Address 26 <b>6539 SE Federal Hwy</b> Suite, Apt. #, etc. 27 City & State 28 <b>Stuart, FL</b> Zip 29 <b>34997</b>	Country 25 <b>USA</b> 30 <b>USA</b>
--	---	---

3. Date Incorporated or Qualified <b>05/05/1997</b>	4. FEI Number <b>65-0755381</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**MACKAY, DAVID L**  
**2801 SOUTHWEST COLLEGE ROAD**  
**SUITE 1**  
**OCALA FL 34474**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITLOCK, LINDA</b>	
STREET ADDRESS	<b>6539 SOUTHEAST FEDERAL HIGHWAY</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FARINA, AL</b>	
STREET ADDRESS	<b>6539 SOUTHEAST FEDERAL HIGHWAY</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TONA, CHARLES L</b>	
STREET ADDRESS	<b>14481 SOUTHWEST 47TH COURT</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33330</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TONA, FRANK J</b>	
STREET ADDRESS	<b>6240 S.W. SR 200</b>	
CITY-ST-ZIP	<b>OCALA FL 34477</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FARINA, MIKE</b>	
STREET ADDRESS	<b>FIVE COLD HILL ROAD, SUITE 3</b>	
CITY-ST-ZIP	<b>MENDHAM NJ 07945</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 employed 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 in an attachment with an address.

SIGNATURE: *[Handwritten Signature]* 1/28/98 561283-5617

CR2E034 (10/97)