


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

FILED

Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90068 029 ****158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000067955

1. Corporation Name
JPS STARBOARD TACK, INC.

Principal Place of Business 2076 CAVALLA ROAD VERO BEACH FL 32963	Mailing Address 2076 CAVALLA ROAD VERO BEACH FL 32963
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1997	4. FEI Number 65-0782184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	Trust Fund Contribution <input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

STRAZZULLA, JOSEPH
2076 CAVALLA ROAD
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

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

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																																																																																																																								
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>JOSEPH P. STRAZZULLA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2076 CAVALLA RD.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>VERO BCH. FL 32963</td><td></td></tr><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>FRANK STRAZZULLA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>4504 REDWOOD DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>FT. PIERCE FL 34951</td><td></td></tr><tr><td>TITLE</td><td>SVP</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>PHILLIP P. STRAZZULLA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>4102 SABAL PALM DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>VERO BCH. FL 32963</td><td></td></tr><tr><td>TITLE</td><td>AVP</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>GODFREY ROCKEFELLER</td><td></td></tr><tr><td>STREET ADDRESS</td><td>41 BASKIN RD.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LEXINGTON MA 02173</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> DELETE	NAME	JOSEPH P. STRAZZULLA		STREET ADDRESS	2076 CAVALLA RD.		CITY-ST-ZIP	VERO BCH. FL 32963		TITLE	T	<input type="checkbox"/> DELETE	NAME	FRANK STRAZZULLA		STREET ADDRESS	4504 REDWOOD DR.		CITY-ST-ZIP	FT. PIERCE FL 34951		TITLE	SVP	<input type="checkbox"/> DELETE	NAME	PHILLIP P. STRAZZULLA		STREET ADDRESS	4102 SABAL PALM DR.		CITY-ST-ZIP	VERO BCH. FL 32963		TITLE	AVP	<input type="checkbox"/> DELETE	NAME	GODFREY ROCKEFELLER		STREET ADDRESS	41 BASKIN RD.		CITY-ST-ZIP	LEXINGTON MA 02173		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>	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	
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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, with all other like empowered.

SIGNATURE:  Joseph P Strazzulla 1/20/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)