SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700083913 (8) JSM ENTERPRISES, INC.

## **FILED** Oct 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							· · · · · · · · · · · · · · · · · · ·	4 (03)(00) for unjug draft matte natif catif catif natif catif	(B 16:01 11000 1101 1001	
428 RICHARD ROAD ROCKLEDGE FL 32955				428 RICHARD ROAD ROCKLEDGE FL 32955				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 09/26/1997	/ <u>-</u>	
2. Principal Place of Business				2a. Malling Address				4. FEI Number	Applied For	
21				Sulto Ant # oto				37 3989 157	Not Applicable	
Suite, Apt. #, etc.				Sulte, Apt. #, etc.					.75 Additional	
City & State				City & State					5.00 May Be	
23				28					dded to Fees	
Zip	Zip Country					Country		8. This corporation owes or has paid the current ye	ar Intangible	
24		25	29		30			Personal Property Tax due June 30.		
		and Address of Curre	nt Registe	red Agent		-41		10. Name and Address of New Registered Agent		
	, WOODROY					81	Name			
428 RICHARD ROAD ROCKLEDGE FL 32955							Street Addr	ddress (P.O. Box Number is Not Acceptable)		
HOUNLEDGE PE 32833				ļ		83				
						84	City	FL 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  On the printed plants of the printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)										
12. OFFICERS AND DI								ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
TITLE	D			DELETE	1.1 TIT	LE		Ch	nange Addition	
NAME	FIKE, WOO	DROW			1.2 NA	ME	İ	<del>-</del>	•	
STREET ADDRESS				1.3 STREET		ADDRESS	<u>.</u> :			
CITY-ST-ZIP	COÇOA FL	. 32922			1.4 CIT	Y-ST-	ZIP			
TITLE				DELETE	2.1 TIT	LE		☐ CH	nange Addition	
NAME					2.2 NA	ME.		w.		
STREET ADDRESS					2.3 STF	REET	ADDRESS			
CITY-ST-ZIP					2.4 CIT		ŽIP	· · · · · · · · · · · · · · · · · · ·		
TITLE				L_ DELETE	3.1 TIT				nange L Addition	
NAME					3.2 NA					
STREET ADDRESS				3.3 STREET ADDRESS 3.4 City-St-Zip						
CITY-ST-ZIP				[7	3.4 C(T		ZIP		——————————————————————————————————————	
TITLE NAME				DELETE	4.1 III 4.2 NA			LJ Ch	ange Addition	
STREET ADDRESS	}						ADDRESS			
CITY-ST-ZIP					4.4 CIT					
TITLE				DELETE	5.1 TIT			□ ch	ange Addition	
NAME					5.2 NA	ME		٠٠٠ سبب		
STREET ADDRESS					5.3 STF	EET/	ADDRESS			
CITY-ST-ZIP					5.4 CIT	Y-\$T-	ZIP			
TITLE				DELETE	6.1 TIT	LE	· • • • • • • • • • • • • • • • • • • •	Ch	ange Addition	
NAME					6.2 NA	ME			-	
STREET ADDRESS					6.3 STR	EET A	ADDRESS			
CITY-ST-ZIP					6.4 CIT	Y-\$1-	ZIP			
44 I hazabu oc		4	t at t Pro	4				tion 440 07(9)(i) Florido Chattan I forther could the shot the		

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.

CICMATHDE.

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