

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morthang</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000085450 (9)**  
 1. Corporation Name  
**J.A. PAVERS OF CENTRAL FLORIDA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <del>500 FERN ST. UNIT C ALTAMONTE SPRINGS FL 32701</del>	Mailing Address <del>500 FERN ST. UNIT C ALTAMONTE SPRINGS FL 32701</del>
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3. Date Incorporated or Qualified  
**10/02/1997**

21. Principal Place of Business <b>P.O. Box 8444</b>	22. Mailing Address <b>P.O. Box 8444</b>
23. Suite, Apt. #, etc.	24. Suite, Apt. #, etc.

4. FEI Number  
**59-3472045**

5. Certificate of Status Desired  Applied For   
**\$8.75 Additional Fee Required**

25. City & State <b>Coral Springs, FL.</b>	26. City & State <b>Coral Springs FL.</b>
27. Zip <b>33075-8444</b>	28. Zip <b>33075-8444</b>
29. Country <b>BROWARD</b>	30. Country <b>BROWARD</b>

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**FRONK, JOHN P**  
**432 N.E. 3RD AVE.**  
**FT. LAUDERDALE FL 33301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ADAMETZ, JODY</b>	1.2 NAME	<b>JODY ADAMETZ</b>
STREET ADDRESS	<b>500 FERN ST., UNIT C</b>	1.3 STREET ADDRESS	<b>P.O. BOX 8444</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	1.4 CITY - ST - ZIP	<b>CORAL SPRINGS, FL. 33075-8444</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
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: \_\_\_\_\_ **04/08/98 (924) 429-0506**

CP2E034 (10/97)