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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21932

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THE VON JACOBS GROUP, INC.

			4.4.10										ALA:1 10A1
Principal Place			**	Address					10414010 410 11901 11	****			
1788 SENECA BLVD. WINTER SPRINGS FL 32708 US				P. O. BOX 195206 P.O. BOX 195206 WINTER SPRINGS FL 32719-5206									
			WINTER					<u> </u>					
			US						ate Incorporated 1/01/1991	d or Qualified		ate of Last R 20/1996	eport :
2. Principal Pl	lace of Business		—	ling Address				1 '	I Number			 	plied For
21			26				······		59-304 1900				ot Applicable
Suite, Apt. i	#, etc			te, Apt. #, etc.				5. C	ertificate of Stat	us Desired	X		Additional equired
City & State	3		27 Cilv	& State				6 5	ection Campaig	n Eineneine			May Be
23	,		28	a olule					ection Campaig ust Fund Contri	•		DebbA	
Zip		Country	Zip		Coun	itry			nis corporation h				
24	25	•	29		30				orida Statutes] Yes		
	9. Name and	Address of Cur	rrent Registered	J Agent				10, 1	ame and Addre	ss of New Re	gistered	Agent	
JAC	OBS, ILENE G				1	B1 !	Name						
	SENECA BLVD)			ļ ₇	82 5	Street Addr	ress (P.C	. Box Number is	Not Acceptab	ole)		
	TER SPRINGS F				[DI(OUT) 1007			, , , , , , , , , , , , , , , , , , ,			
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							•				FL		
11. Pursuant t	to the provisions o	f Sections 607.	0502 and 607.15	508, Florida Stat	tutes, the ab	ove-n	amed corp	ooration	submits this stat	ement for the p	ourpose o	t changing in	ts registered
agent La	egistered agent, c m familiar with, an	d accept the of	pligations of, Sec	ction 607,0505.	S autriorized Florida Statu	ites.	ie corporat	UOIIS DO	ard of directors.	Thereby acces	hr ma ah	JOHNHOU RS	registereu
SIGNATURE													
	Signature typed or pred			hoable (N	IOTE: Registered		signature requir				DATE		50 101 20
12.			d agenit and the if appli AND DIRECTOR	troable (N	13.	Agent	signature requir		nstalogi DITIONS/CHAN	GES TO OFFIC			
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12.	D JACOBS, ILEN	OFFICERS		trable (N	13. 1.1 TiTL 1.2 NAM	Agent : LE ME				GES TO OFFIC			
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12. THEE NAME STREET ADDRESS CITY-SI-ZIP	D JACOBS, ILEN	OFFICERS IE G BLVD		hcable (N RS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	Agent : LE VIE REET AD Y-ST-	DRESS			GES TO OFFIC		Change	Addition
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