

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S51933** (7)

1. Corporation Name

JARVICO, INC.



Principal Place of Business

2046 MCKINLEY STREET, #7  
HOLLYWOOD FL 33020

Mailing Address

2046 MCKINLEY STREET, #7  
HOLLYWOOD FL 33020

|                                                                                                                                                                |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05/03/1991</b>                                                                                                         | 3a. Date of Last Report<br><b>02/06/1995</b> |
| 4. FEI Number<br><b>65-0274068</b>                                                                                                                             | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 State, Apt. #, etc.         | 26 State, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

JARVIS, SUZANNE COSTAN  
1620 WO OCEAN BLVD  
STE 5E  
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 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 of the person who is authorized to sign this statement on behalf of the corporation

Printed Name of Registered Agent (Required when being changed)

DATE

| 12. OFFICERS AND DIRECTORS |                                                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DP<br>JARVIS, PETER C.<br>2046 MCKINLEY ST, BAY #7<br>HOLLYWOOD FL | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                    | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                    | 1.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      | DVP<br>JAFFY, TODD<br>2046 MCKINLEY ST, BAY #7<br>HOLLYWOOD FL     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                    | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                    | 2.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      | S<br>JAFFY, GREGG<br>2046 MCKINLEY ST, BAY #7<br>HOLLYWOOD FL      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                    | 3.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                                                                    | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                    | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                    | 4.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                                                                    | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                    | 5.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                                                                    | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                    | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                    | 6.4 CITY-STATE-ZIP                                    |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed

CR2E034 (12/95)