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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S65300

(3)

JF & JW INCORPORATED

STREET ADDRESS

FILED Apr 28 1997 8:00am Secretary of State

Principal Place of Business Mailing Address						{ I (BBY/BIO FIO CHARL BIYOD AKIN BUNI ODAK DIDIN DYON BIDIN DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN CADA				
		\$370 E. BAY DRIVE								
5370 E, BAY DR.   SUITE 678		SUITE 578			1					
CLEARWATER	FL 34624	CLEARWATER FL 34624-57	722							
US -		US			<ol><li>Date Incorporated or Qualified 07/05/1991</li></ol>	od 3a. Date of Last Report 05/01/1996				
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number		Ap	pplied For	
21		26				59-3094849		No	t Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Ste	ite	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t		
Zip	Country	Zip	Coun	try		8. This corporation has liability for i			199.032,	
24	25 29 30		30	Florida Statutes 📈 Yes 🗌 No						
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
	SKELLS, JOSEPH F.		1	B1   !	Name					
1	O EAST BAY DR. TE 578		82 Street Add			ss (P.O. Box Number is Not Acceptab	le)			
	EARWATER FL 34624		Ē	B3		······································	<del> </del>			
			E	B4 (	City		FL	85 Zip (	Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607,1508, Florida Statu	tes, the abo	ove-n	named corpo	pration submits this statement for the p		changing it	s registered	
office or	registered agent, or both, in the St. am familiar with, and accept the ob-	ate of Florida. Such change was	authorized	by th	ne corporation	oration submits this statement for the p on's board of directors. I hereby accep	t the appo	intment as	registered	
. T	•	inganons or, accrom 607.0305, Fr	บทผล อเลเน	168.						
SIGNATURE	Signature, typod or printed name of registered	agent and title if applicable (NO)	If : Redistered A	Agrant :	signature require	d when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12	
TITLE	P DELETE 11		11 101	11 TITLE				Change	Addition	
NAME	WASKELIS, JOSEPH F.	1.2 NAME								
STREET ADDRESS	421 ROSERY RD.	1.3 STREET ADDRESS		DRESS						
CITY-ST-ZIP	BELLEAIR FL	1.4 City - \$1 - ZiP			ì					
TITLE	VST			2.1 TITLE				Change	Addition	
NAME	WASKELIS, JUDITH W.		2.2 NAME			4				
STREET ADDRESS	421 ROSERY RD.		2 3 STREET AODRESS		DRESS					
CITY-ST-ZIP	BELLEAIR FL		2.4 011		ì				,	
TITLE		DELETE	3.1 T(TL)					Change	Addition	
NAME			3.2 NAM	ΛE						
STREET ADDRESS			3.3 STR	EE1 AD	DRESS					
CITY-ST-ZIP			3.4. CIT	Y-ST-	ZIP					
TITLE	<u> </u>	☐ DEL€1E		4.1 TITLE				Change	Addition	
NAME	†		4. 2 NAM	ME	ļ					
STREET ADDRESS	<b>.</b>		4 3 STRI	4 3 STREET ADDRESS						
CITY-ST-2IP			4.4 DITY							
TITLE		DELETE	5.1 THE					Change	Addition	
NAME			5.2 NAN	ИE						
STREET ADDRESS	1		5.3 STRI		DRESS !					
CITY-ST-ZIP			5.4 CITY							
TITLE	<del> </del>	☐ DELETE	6110	<del></del>				Change	Addition	

14. I do 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 in an attachment with an address