AFTER AUGUST 7, 1996. INT DUE TO REINSTATE: \$375.)

SECOND NOTICE: CORPOR AMOUNT DUE ON OR BEFORE 8/7/	ATION WILL BE DIS	SOLVED ON OR	AFTER AUGUST 7, 19	39(
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA S	DEPARTMENT OF STA andra B. Mortham Secretary of State ON OF CORPORATIONS	TE
DOCUMENT # 1. Corporation Name	S77788	(5	5)	
JETH, INC.				
Principal Place of Presence		Mail on Address		
Principal Place of Business	: 1901 NW 6	Mailing Address SAINESVILLE EL	A MONOCHUREN AND X	
* ************************************	1901 NW 6 Gainesvil	FL.Sb	XXXx e _ C 2653	
2. Principal Place of Business 1 1901 NW 67 PI Suite, Apt #, etc.	Gainesvil	FL: Sb 1e, FL 3 2a. Mailing Addre Suite, Apt #. 6	xXXx e C 2653	
2. Principal Place of Business 1 1901 NW 67 PI Suite, Apt #, etc. 2 Ste. C City & State	Gainesvil	FL Sb 7 PL Sb 1e FL 3 2a. Mailing Addre	xXXx e C 2653	
2. Principal Place of Business 1 1901 NW 67 PI Suite, Apt #, etc. 2 Ste. C City & State 3 Gainesville, Zip Coo	Gainesvil Ste. C 2 FL 2	7 PL.: Sb 1e. FL 3 2a. Mailing Addre Suite, Apt. #, 6 7	xXXx e C 2653	

***************************************	1901 NW 67 PT. Sho C					3. Date Incorporated or Qualified 3a. Date of Last Report		
	Gainesville. FL 32653			09/03/1991	02/02/1995			
2. Principal Place of Business		2a. Mailing Address	-		4. FEI Number	Applied For		
²¹ 1901 NW 67 PI	Ste C2	6 SAME			59-3117781	Not Applicable		
Suite, Apt_#, etc.	uite, Apt #, etc. Suite, Apt #, etc				5. Certificate of Status Desired	\$8.75 Additional		
	Ste. C 27				g. Gentineate of Grants Desired	Fee Required		
City & State				6. Election Campaign Financing	\$5.00 May Be			
T	ainesville, FL 28 Country Zip Countr				Trust Fund Contribution Added to Fees			
`	·	<i>Z</i> ip □	Count	ry	8. This corporation has liability for intangible tax under s. 199 032.			
24 32653 25 U.S.A. 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No				
	oress of Current He	gistered Agent	8	1 Name	10. Name and Address of New Reg	istered Agent		
WALKER, JAMES S.		JETH INC.	Ľ					
#6511-NORTHWEST	SURD STREET	ROI NA SUP LI W	3 8	2 Street	Address (P.O. Box Number is Not Acceptable	a)		
GAINESVILLE FL	122652	MIDSONIIIO, FL. 8360	13 8	3				
	32653		"	۱ ۱				
			8	4 City		85 Zip Code		
14 Pursuant to the provisions of S	Costiana 607 0500 and	2 CO7 1 EOO FINANCIA CIAL II				FL 1, 1, 1, 1		
office or registered agent, or b	oth, in the State of Flo	orida. Such change was au	uthorized b	y the corp	corporation submits this statement for the pur poration's board of directors. Thereby accept t	pose of changing its registered ne appointment as registered		
agent I am familiar with, and a	accept the obligations	of, Section 607.0505, Fior	rida Statute	es	,	.,		
SIGNATURE Standard of Standard	name of registered agent and	10. de-celosekis						
12.	OFFICERS AND DIF		13.	gent signarure	e required when recistatings ADDITIONS/CHANGES TO OFFICE	DATE EDG AND DIDECTORS IN 12		
TITLE D	002.107.10	JETH, INC. ETE	1 1 TULE		ADDITIONS/GIANGES TO GIAGE	Change Addition		
NAME WALKER, JAM	ES S 190	1 NW 67th Pl. #C	1.2 NAMI					
STREET ADDRESS 5511 N.M. 33		nesville, FL 32653		ET ADDRESS		{		
CITY-ST-ZIP GAINESVILLE		•	1.4 CiTY		•	L		
TITLE	16 32033	DELETE	2 1 TiTLE			Change Add tion		
NAME		L	2.2 NAME					
STREET ADDRESS			1	ET ADORESS				
CITY-ST-ZIP				-S1-ZIP				
TITLE		DELETE	3 1 7171.6			Change Addition		
NAME			3 2 NAM6	:				
STREET ADDRESS				- Et address				
CITY-ST-ZIP			3.4 CITY					
TITLE	····	DELETE	4 1 TITLE			Change Addition		
NAME			4 2 NAM	E				
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP			4 4 CITY					
TITLE		DELETE	5 1 TITLE			Change Addition		
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP			5.4 CITY		<u> </u>			
TITLE		DELETE	6 1 TITLE			Change Addition		
NAME			6 2 NAME					
STREET ADDRESS			6.3 STREE	ET ADDRESS				
CITY - ST - ZIP			6 4 CITY					
	rmation supplied with	this filing is voluntarily furi			qualify for the exemption stated in Section 11	9 07(3)(k), Florida Statutes 1		

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 617. 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 PRINT NAME OF SIGNING OFFICER OR DIRECTOR