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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$81126

(2)

JAMBO SYSTEMS, INC.

Principal Place of Business

Mailing Address

FILED Feb 03 1997 8:00am Secretary of State



| 424 S. WASHINGTON BLVD. SARASOTA FL 34236 | | 424 S. Washington Blvd. Sarasota fl 34236-7100 | | | | | | | |
|---|--|---|--------------------------------|--|----------------------|---|------------|-----------------------|-----------------------|
| | | | | | | 3. Date incorporated or Qualified 09/12/1991 | | e of Last F 9/1996 | eport |
| 2. Principal Place of Business 2a. Mailing A | | | ldress | | | 4. FEI Number | .L | A | oplied For |
| 21 | | 26 | 26 | | | 65-0288926 | | No | ot Applicable |
| Suite, Apt #, etc. | | 27 | | | | 5. Certificate of Status Desired | | \$8.75 Fee Re | Additional equired |
| City & Sta | ate | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip 24 | Zip Country Zip 25 29 | | | Country | • | This corporation has liability for in Florida Statutes | | ax under s No | . 199.032, |
| | | Current Registered Agent | | | | 10. Name and Address of New Re | gistered A | gent | |
| EAS | son, steve | | | 81 | Vame | | | | |
| 424 SOUTH WASHINGTON BLVD. SARASOTA FL | | | | 82 | Street Add | ddress (P.O. Box Number is Not Acceptable) | | | |
| 4. | | | | 83 | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuan | it to the provisions of Spotions 6 | 507.0502 and 607.1508. Florida | Statutes, the | above-r | amed cor | poration submits this statement for the p | urpose of | LL | ts registered |
| office or | registered agent, or both, in the am familiar with, and accept the | ie State of Florida. Such chang | e was authori. | ized by ti | e corpora | tion's board of directors. I hereby accep | the appo | intment as | registered |
| Ŭ | • | to stringerior to or, costant sur to | 000,,,0,,,,, | raid(00. | | | | | |
| SIGNATURE | Signature, typed or princed name of regis | stered agent and title if applicable. | (NOTE Regist | tered Agent | signature requ | uired when reinstating) | DATE | | |
| 12. | OFFICE | RS AND DIRECTORS | 1: | 3. | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | IS IN 12 |
| TITLE | D | ☐ DEL | ETE 1: | 1 TITLE | | | | Change | Addition |
| NAME | eason, steven G. | | 1.3 | 2 NAME | | | | | |
| STREET ADDRESS | | | 1.3 | 3 STREET AC | Dress | | | | |
| CITY-SI-7IP | BRADENTON FL | | | 4 CITY - ST - | ZIP | | | | |
| 1/TLE | | ☐ DEL | ETE 2: | 1 TITLE | | | | Change | Addition |
| NAME | | | 2: | 2 NAME | | | | | |
| STREET ADDRESS | 3 | | 2.5 | 3 STREET AD | DRESS | | | | |
| CITY-ST-7IP | | | | 4 CITY - ST- | ZIP | | | <u> </u> | |
| TITLE | | ☐ DEL | ETE 3. | 1 TITLE | 1 | | | Change | Addition |
| NAME | | | 3.3 | 2 NAME | | | | | |
| STREET ADDRESS | 5 | | 3.3 | 3 STREET AL | DRESS | | | | |
| CITY-ST-ZIP | | | | 4. CITY-ST- | ZIP | | | | - p-4 |
| TITLE | | ☐ DEL | ETE 4: | .1 TITLE | | | | Change | Addition |
| NAME | 1 | | | A 4. (\$ 100 | | | | | |
| | | | 4. | . 2 NAME | ļ | | | | |
| STREET ADDRESS | S | | | . 2 name .3 street ac | OPPESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | 5 | | 4. 4. | .3 STREET AC | | | | | |
| | S | ☐ DEL | 4. 4. | .3 STREET AC | | | · | Change | Addition |
| CITY-ST-ZIP | 5 | ☐ DEL | 4. 4. ETE 5. | .3 STREET AC | | | | Change | Addition |
| CITY-ST-ZIP TITLE | | ☐ DEL | 4. 4. EYE 5. 5. | .3 STREET AC .4 CHY-ST- .1 TITLE | ZIP | | | Change | Addition |
| CITY-ST-ZIP TITLE NAME | | | 4. 4. ETE 5. 5. 5. | .3 STREET AC .4 CHY-ST- .1 TITLE .2 NAME | ZIP PDRESS | | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | □ DEL | 4. 4. ETE 5. 5. 5. | .3 STREET AC 4 CHY-ST- 1 TITLE 2 NAME 3 STREET AC | ZIP PDRESS | | | Change | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 4. 4. 5. 5. 5. 5. 5. ETE 6. | .3 STREET AU 4 CHY-ST- 1 TITLE .2 NAME .3 STREET AU .4 CHY-ST- | ZIP PDRESS | | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 5 | | 4. 4. 5. 5. 5. 5. 5. EYE 6. 6. | 3 STREET AG 4 CHY-ST- 1 TITLE 2 NAME 3 STREET AG 4 CHY-ST- 1 TITLE | ZIP DDRESS ZIP | | | | 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 on an attachment with an address.

STEVEN B. EASON

1-27-97