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 # **S82040**

(4)

J.V.'S SPIRIT, INC.

Principal Place of Business Mailing Address 1110 S.E. 9TH STREET 1110 S.E. 9TH STREET FT. LAUDERDALE FL 33318-1316 FT. LAUDERDALE FL 33316 3. Date incorporated or Qualified 3a. Date of Last Report 11/18/1996 09/23/1991 Applied For 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 65-0320783 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Ζφ This corporation has liability for intangible tax under s. 199.032, 🗌 Yes 🔲 No Florida Statutes 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name ZEIGLER, LINDA 1620 W. OAKLAND PK. BLVD. #202 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33311 83 City Zio 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, typied or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change Addition TITLE 1.1 THILE WILLILS, JOHN 1.2 NAME **32E034** NAME 1110 SE 9TH ST. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33316 CITY - ST - ZIP 1.4 City-St-ZiP DELETE Change Addition 2.1 TITLE TITLE NAVE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CiTY-ST-ZIP CHY-\$1-74 DELETE Change Addition THUE 31 TITLE NAME 32 NAME

64 CITY-ST-ZIP 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 chair

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

3.4. CITY - ST- ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

C: 1Y - ST - 7IP

CITY - ST - 70F

CITY-ST-ZIP

CITY-ST-7IP

THEE

TITLE NAME

TITLE

NAME STREET ADDRESS

DOHN F. WILLITS 3/6/67 654-522-8751

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 30 1997 8:00am

Secretary of State