

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V00477** (2)

1. Corporation Name
JA-AD OF SARASOTA, INC.

Principal Place of Business 10001 289TH STREET, EAST MYAKKA CITY FL 34251 US	Mailing Address 10001 289 STREET, EAST MYAKKA CITY FL 34251 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/16/1991	
4. FEI Number 65-0301345		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MILLER, RICHARD E. 10001 289TH STREET, EAST MYAKKA CITY FL 34251		10. Name and Address of New Registered Agent			

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MILLER, RICHARD E.	1.2 NAME	
STREET ADDRESS	10001 289TH STREET, EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	
NAME	MILLER, BARBARA A.	2.2 NAME	
STREET ADDRESS	10001 289TH STREET, EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	MILLER, JASON	3.2 NAME	
STREET ADDRESS	10001 289TH ST., EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	MILLER, CHAD	4.2 NAME	
STREET ADDRESS	10001 289TH STREET EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:  4/7/98 (941) 371-4586

CR2E034 (10/97)