


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90075 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V18003

1. Corporation Name
J.R.C. MANAGEMENT SERVICES, INC.

Principal Place of Business
8221 SHADOW PINE WAY
SARASOTA FL 34238
US

Mailing Address
8221 SHADOW PINE WAY
SARASOTA FL 34238
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8977 MIDNIGHT PASS RD Suite, Apt. #, etc. 22 APT # 524 City & State 23 SARASOTA FL. Zip 24 34242 Country 25 U.S.		2a. Mailing Address 26 8977 MIDNIGHT PASS RD. Suite, Apt. #, etc. 27 # APT 524 City & State 28 SARASOTA FL. Zip 29 34242 Country 30 U.S.		3. Date Incorporated or Qualified 03/02/1992	
		4. FEI Number 65-0318565		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CARUSO, JOHN R 8221 SHADOW PINE WAY SARASOTA FL 34238		10. Name and Address of New Registered Agent 81 Name JOHN R. CARUSO 82 Street Address (P.O. Box Number is Not Acceptable) 8977 MIDNIGHT PASS RD 83 APT # 524 84 City SARASOTA FL 85 Zip Code 34242	
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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 JOHN R CARUSO *John R Caruso* 1/08/99
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARUSO, JOHN R. 8221 SHADOW PINE WAY SARASOTA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P JOHN R CARUSO 8977 MIDNIGHT PASS RD. SARASOTA, FL. 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	MARK CARUSO 8977 MIDNIGHT PASS RD SARASOTA FL. 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *John R Caruso* JOHN R. CARUSO 1/8/99 (941) 346-3138
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)