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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretally of State -DIVISION OF CORPORATIONS

DOCHMENT # 1/22250

JAMES BUSINESS ASSOCIATES, INC. Principal Place of Business Mailing Address 1101 GULF BREEZE PKWY #210 Mailing Address					<u>, ,</u>					
GULF BREEZE US	FL 32561	GULF BREEZ US	GULF BREEZE FL 32561-4416 US			3. Date Incorporated or Qualified				
2. Principal P 21	lace of Business	2a. Mailing A	Address		 	4. FEI Number 59-3114767	Applied For Not Applicable			
Suite, Apt	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & State	e	City & St	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zφ	Country Zip 25 29			Country		8. This corporation has liability for	nas liability for intangible tax under s. 199.032, Yes No			
24	9. Name and Address of Current Registered Agent			[30]	Florida Statutes					
√ JAM	ES, MARGARET D.			81	Name			-		
• 405	CANTERBURY LANE				Street Add	ole)				
, GUL	F BREEZE FL 32561			63		·				
				84	City		FL 85	Z _t p C	ode	
11. Pursuant office or r agent 1 a SIGNATURE	to the provisions of Sections 60 registered agent, or both, in the imitanihar with, and accept the					poration submits this statement for the partion's board of directors. I hereby accented when reinstating)	purpose of char pt the appointm	nging its ient as r	registered egistered	
12.		RS AND DIRECTORS	(110:1	13.	in signature redu	ADDITIONS/CHANGES TO OFFICE		ECTOR!	S IN 12	
THE	The state of the s			1 1 TITLE	1			hange	Addition	
NAME	JAMES, MARGARET D.			1.2 NAME						
STREET ACORESS				1.3 STREET	ADDRESS					
CHY-ST-ZIP	GULF BREEZE FL 32561		1.4 CITY - S	T-21P						
TOLE	VD DELETE		2.1 TITLE	TITLE			hange	Addition		
NAME	JAMES, WILLIAM D		2 2 NAME							
\$19EET ADDRESS				23 STREET	ADDRESS					
CITY+ST+2IP				2 4 CITY-5	ST - ZIP	h.:				
TillE			3 1 TITLE			(Change	Addition		
NAME OZOGET ADDRESS	·			3.2 NAME	4000000					
STREET ADDRESS				3 3 STREET	- 1					
CHY-ST-ZIP THEE			DELETE	3.4. CITY-S 4.1 TITLE	51-ZIF		П	hange	Addition	
NAME		_	_	4 2 NAME			_			
STREET ACIDRESS				4.3 STREET	ADDRESS					
CHTY - ST - ZIF				4.4 CITY - S	i					
TITLE			5 1 TITLE				Change	Addition		
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	ADORESS					
CHY-ST-Z/2				54 CITY-S	T-21P					
TITLE		L	DELETE	6.1 TITLE				Change	Addition	
. AME				6.2 NAME						
STREET ADDRESS				6.3 STREET	ADDRESS					
CITY - ST - ZIP				6.4 CITY-S	T-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 suppliemental 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.

Margaret D. James MARGARET D.

FILED

Jan 31 1997 8:00am

Secretary of State