

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

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V31700 (0)

1. Corporation Name
JAKNEL, INC.



Principal Place of Business 5200 NW 43RD ST. #505 GAINESVILLE FL 32608 US	Mailing Address 5200 NW 43RD ST. 505 GAINESVILLE FL 32808-4483 US
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3. Date Incorporated or Qualified 04/24/1992	3a. Date of Last Report 05/09/1996
4. FEI Number 59-3125552	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

**CRIDER, JOHN
521 W FORT ISLAND TRAIL
SUITE A
CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent

81 Name LEONARD FERMAN	
82 Street Address (P.O. Box Number is Not Acceptable) 4325 NW 55 WAY	
83	
84 City GAINESVILLE	85 Zip Code FL 32606

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 *Leonard Ferman* **LEONARD FERMAN** DATE **4/28/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	FERMAN, LEONARD	
STREET ADDRESS	5200 NW 43RD STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FERMAN, JACKIE	
STREET ADDRESS	5200 NW 43 ST.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 changed, or on an attachment with an address.

SIGNATURE *Leonard Ferman* **LEONARD FERMAN** DATE **4/28/97** DAYTIME PHONE **352-377-4244**

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)