FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39993 (3)

1. Corporation Name
J.S.L. ENTERPRISES OF ORLANDO, INC.

Principal Place of Business
180 PARK ROAD
SUITE 142
OVIEDO FL 32765
US

Mailing Address
180 PARK ROAD
SUITE 142
OVIEDO FL 32765
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-3121002 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. [✓] Yes [ ] No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. # etc. (22) | Suite, Apt. # etc. (27)
City & State (23) | City & State (28)
(24) (25) | (29) (30)

9. Name and Address of Current Registered Agent
LOVELL, STEVE
180 PARK ROAD
SUITE 142
OVIEDO FL 32765

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of ... 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. ... I hereby accept the appointment as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LOVELL, STEVE
STREET ADDRESS	180 PARK ROAD, SUITE 142
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	ST
NAME	LOVELL, STEVE
STREET ADDRESS	180 PARK ROAD, SUITE 142
CITY-ST-ZIP	OVIEDO FL 32765

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO. — [ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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: Steve Lovell — 4-27-95 — 407-365-8709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0045370 CP