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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2201 SOUTHEAST INDIAN ST.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41384

(1)

2201 SOUTHEAST INDIAN ST.

Mailing Address

JEAN E. RICE ENTERPRISES, INC.

FILED Jan 27 1997 8:00am Secretary of State

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SUITE F-25 STUART FL 34997		SUITE F-25 STUART FL 34997-4986								
					3. Date Incorporated or Qualified			of Last Report /1996		
2. Principal P	Piace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	. 		Applied For	
21		26	. <u> </u>			65-0343507			Not Applicable	le
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required			-	
City & Stat		City & State				& Floring Consoling Floring			<u>-</u>	
23			28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			Ì
<u>Ζφ</u>	Country Zip Country			8. This corporation has liability for intangible tax under s. 199.032,						
24	25	29	30				Yes [
	9. Name and Address of Curr	ent Registered Agent			Y	10. Name and Address of New Re	gistered .	Agent		
	E, JEAN E.			81	Name					
	1 SE INDIAN ST. UNIT F-25			82	Street	Address (P.O. Box Number is Not Acceptab	le)			
	′ 544 Jrart Fl 34997			83			·			\dashv
310	IMMII FL 34881			65						
				84	City		FL	85 Z	?ip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Statu	ites, the a	L bove	L e-named	corporation submits this statement for the p		changir	no its registere	d
office or r		ite of Florida, Such change was	authorize	d by	the corp	poration's board of directors. I hereby accept				
	is the man with the correlation on	T COCC. TO HOHOOF TO CHANGE	ionea ota		u.					
SIGNATURE	Signature, typical or printed name of registered	agent and life if applicable (NO	TE: Registere	d Age	ent signature	required when reinstating)	DATE			_
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			S S S S S S S S S S S S S S S S S S S
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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 in disaled 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #