

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

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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V43769** (1)
1. Corporation Name
JAC-MAU, INC.



Principal Place of Business: 7500 CENTRAL PARK CIRCLE TAMPA FL 33637
Mailing Address: 7500 CENTRAL PARK CIRCLE TAMPA FL 33637-5775

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1992	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 59-3127969		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LANGELIER, MAURICE 738 AROYLE PLACE 17915 St. Croix Isle TEMPLE TERRACE FL 33617 Tampa, Fl. 33647				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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P LANGELIER, J. M	1.2 NAME	
STREET ADDRESS	738 AROYLE PLACE 17915 St. Croix Is.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL Tampa, Fl. 33647	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S LANGELIER, JACQUELINE	2.2 NAME	
STREET ADDRESS	738 AROYLE PLACE 17915 St. Croix Isle	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL Tampa, Fl. 33647	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LANGELIER, PHILIPPE	3.2 NAME	
STREET ADDRESS	1005 DAGADINE DRIVE 505 S. 56th St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL Tampa, Fl. 33619	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LANGELIER, JOELLE I	4.2 NAME	
STREET ADDRESS	321 SAN JOSE DRIVE 505 S. 56th St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL Tampa, Fl. 33619	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *J. M. Langelier* **J. M. Langelier** X 3/24/97 813 985-1253
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)