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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	BIVIOIOTO OC	2111 O10411C	/110			
DOCU 1. Corporate	IMENT # V57926	(0)				ed e e	
JEVIN E	ENTERPRISES, INC.					the state of the s	
Principal Pla	ce of Business	Mailing Address				HER BIRD EIRI BIRD BARA	31311 1331
402 VICK AVE.		PO BOX 305					
OAKLAND FL	34760	OAKLAND FL 34780-0305					
		US			3. Date Incorporated or Qualified	3a. Date of Last i	Report
					08/13/1992 03/19/1996		
,	Prace of Business	2a. Mailing Address			4. FEI Number	h	pplied For
21 Suite, Apt	# pic	26 Suite, Apt. #, etc.	···		59-3144377		ot Applicable
22	i. #, 610	27	Guito, Apr. W. Gig.		5. Certificate of Status Desired		Additional equired
City & Sta	ile	City & State			6. Election Campaign Financing		May Be
23	(**) **in	28			Trust Fund Contribution		to Fees
Zip Til	Country	Zip	Country		8. This corporation has liability for i	ntangible tax under s	s. 199.032,
24	[25] 9. Name and Address of Curren		90		Florida Statutes 10. Name and Address of New Re		
KO'	TEEN, MARK A.		B1	Name			
3100 CLAY AVE.				Street Ad	dress (P.O. Box Number is Not Acceptab	ile)	
SUITE 177			82			······································	
OR	LANDO FL 32804		63				ı
			84	City	,	85 Zip	Code
11 Purcuani	t to the provisions of Sections 607 050	12 and 607 1508 Florida Statutes	the above	named co	progration submits this statement for the n	FL 65 Zip	its renistered
office or	registered agent, or both, in the state	of Florida, 80ch change was u	thorized by	the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	ot the appointment as	registered
SIGNATURE				<u></u>		4/1/67	
	Styrializer, type dior photos of the of legistered ag			nt signature req	quired when reinstating)	DATE	
12. TOLE	DPT OPT	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	RS IN 12 Addition
NAME	VOSS, JEFFERSON R.				Vice President	A cumingo	- Houston
STREET ADDRESS	TEA ITEETOON OF		1.2 NAME 1.3 STREET	ADDRESS			
CHTY - ST - 7IP	OAKLAND FL		1.4 CITY - ST - ZIP				
TITLE	DVS	☐ DELETE	2.1 TITLE	1	President	Change	☐ Addition
NAME			2.2 NAME	'		•	
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY - ST - ZIP	OAKLAND FL			ir-zip		TT 6	A diam'r.
TITLE		☐ Nereit	3.1 TITLE	- 1		L Change	Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET	Anhorse			
CITY - ST - ZIP			3.3 STREET				
TILE		DELETE	4 1 TITLE		/*************************************	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			,
CITY-ST-ZiP		T OF ETC	4.4 CITY - S	T-ZIP			1 4 2 190
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME CODERT ADDRESS			5.2 NAME	Anthere			
STREET ADDRESS			5.3 STREET				
CITY - ST - ZIP TITLE		DELETE	5.4 City-S 6.1 Title	1 - \$1F		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET	ADDRESS			

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 comporation or the resolver or trustee emphasized to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or

TURE UND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7フ___

FILED

Apr 10 1997 8:00am

Secretary of State

407-876-8