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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

JACLO, INC.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V60076

(9)

## **FILED** May 05 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address				s				ı tanış alınık alıtı bullı üğişt küğib ölü i	I IBAT MEDEL MEREL M		DEBLI ID DI
2945 CARDINAL DR VERO BEACH FL 32963			2945 CARDINAL DR VERO BEACH FL 32963-1816								
								3. Date incorporated or Qualified 08/24/1992	3a. Date o		eport
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	- <del>L</del>	Ap	plied For
21			26								t Applicable
Suite Ant # etc			Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$		Additional	
City & State			[27]						Fee Re		
			City & State				6. Election Campaign Financing \$5.00 May Be				
<b>23</b> Zip	Col	untry	<b>28</b> ]	<del></del>	Count	r. i		Trust Fund Contribution		Added t	
24	25	JIRIY	<u> </u>	30	_	ry		8. This corporation has liability for i			. 199.032,
24 25 29 3 9, Name and Address of Current Registered Agent					<u>'</u>			Florida Statutes  10. Name and Address of New Rec	Yes N		
LOBSITZ, ŁYNDA J.						1 Nar	ne	To: Name and Address of New As	Aletelen Whel	<u> </u>	
	CARDINAL DR										
VERO BEACH FL 32963					8	2 Stro	eet Addre	ess (P.O. Box Number is Not Acceptab	le)		
, ver	O DENOTH I C OF SO	•			8	3				~~~	
					8	4 City	′		FL 85	Zip (	Code
11. Pursuant	to the provisions of S	Sections 607.0502 a	nd 607.1508, Flori	ida Statutes,	the abo	Lve-nan	ed corp	oration submits this statement for the p			s registered
I Office of t	registered agent, or t im familiar with, and	oom, in the State of	≀iorida. Such chai	nac was auti	norized l	ov the c	corporati	on's board of directors. Thereby accep	t the appointr	nent as	registered
1.	arrivation seam, care	accept the obligate	ins or, section our	.0000, 1 10110	a Statut	US.					
SIGNATURE	Signature, typed or printed	name of repetored agent a	no titic if applicable	(NOTE: Re	egistered A	gent sign.	core require	rd where reinstating)	DATE		
			ND DIRECTORS					ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTOR	S IN 12
TITLE	D		□ D	ELETE	1.1 111LE					Change	Addition
NAME	LOBSITZ, LYNDA				12 NAME	Ł	-				
STREET ADORESS	2945 CARDINAL				1.3 STR(	ET ADDRE	ss				
CITY-ST-ZIP	VERO BEACH FL				14 CITY	-S1-7IP					
TITLE			□ D	ELETE	2111111					Change	Addition
NAME					2.2 NAME	F					
STREET ADDRESS					2.3 STRE	ET ADDRE	SS				
CITY-ST-ZIP		·			2. 4 CHY	- S1 - 74P					
TITLE			□ D	ELETE	3.1 1111.8					Change	Addition
NAME					3.2 NAM8	:					
STREET ADDRESS					3.3 STRE	ET ADDRE	SS				
CITY-ST-ZIP			·····		3.4 CITY			1			
TITLE			□ D	LLLTE	4.1 THE					Change	Addition
NAME					4. 2 NAM	E.					j
STREET ADDRESS					4.3 STREE	ET ADORE	ss	1			
CITY-ST-ZIP					4.4 Cily						
TITLE			0	ELETE	5.1 TITLE				174	Change	Addition

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 eath; 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Addition