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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V63728

(2)

JP ANA	LYTICS, INC.	()		E FRANCONIANA DISEA DENIS ADDID HIGHLI EDIS	BIBAN BIBNI BIBNI BIBNI BIBNI BIBNI 1881
Principal Place of Business Mailing Address 8745 NW 18TH STREET CORAL SPRINGS FL 33071 CORAL SPRINGS FL 330		71-6144			
				3. Date Incorporated or Qualified 09/14/1992	3a. Date of Last Report 04/11/1996
1	face of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apr	# pir	Suite, Apt #, etc.	*************************************	65-0358053	Not Applicable \$8.75 Additional
22	<i>n</i> , <i>w</i> .	27		5. Certificate of Status Desired	Fee Required
City & Star	fc:	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	8. This corporation has liability for i	intangible tax under s. 199.032, Yes No
24	25 9. Name and Address of Current	29 t Registered Agent	[30]	10. Name and Address of New Re	
PRE	EUSSNER, JOHN R.		81 Name		
	5 NW 18 STREET		82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)
CO	RAL SPRINGS FL 33071				
			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the previsions of Sections 607 0502	and 607.1508, Florida Statu	tes, the above-named corp	poration submits this statement for the ption's board of directors. I hereby accep	[]
office or agent. L	registered agent, or both, in the State of in anuliar with, and addept the obliga	of Florida, Such change was	authorized by the corporal	tion's board of directors. I hereby accep	ot the appointment as registered
r cujc⊓u i		mons or, section por dogs, r _a	grida Statutes.	/\ 1 /	
SIGNATURE	John Reguent	= John R.	Yeuss nev	President =	3-22-97
SIGNATURE	John Rysumst	z-John R. I manditile (applicable. (NO	YEU 40 NEV TE: Registered Agent signature requi		3-22-97
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SIGNATURE 12. THE	Signature, typed to part to come of its ordered agent OFFICERS AND	z-John R. I manditile (applicable. (NO	TE: Registered Agent signature requi		
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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 indicates 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 DIRECTOR

Date

Date

Date

Date

Date