

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED
95 MAY -1 AM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V49006** (2)
1. Corporation Name:
J. E. S. INTERNATIONAL, INC.

Principal Place of Business: **500 MUIRFIELD DR ATLANTIS FL 33462**
Mailing Address: **500 MUIRFIELD DR ATLANTIS FL 33462**

3. Date Incorporated or Qualified: **07/06/1992** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0347580** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**SALOMON, BEATRICE
500 MUIRFIELD DR
ATLANTIS FL 33462**

10. Name and Address of New Registered Agent:
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 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: *Beatrice Salomon* (Registered Agent Signature) *Beatrice Salomon* (Officer Signature) *7/26/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: SALOMON, BEATRICE	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 500 MUIRFIELD DRIVE	CITY, ST, ZIP: ATLANTIS FL	12 NAME: _____	
		13 STREET ADDRESS: _____	
		14 CITY, ST, ZIP: _____	
TITLE: VPMD	NAME: SALOMON, EUGENE J	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 500 MUIRFIELD DR.	CITY, ST, ZIP: ATLANTIS FL	22 NAME: _____	
		23 STREET ADDRESS: _____	
		24 CITY, ST, ZIP: _____	
		31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		32 NAME: _____	
		33 STREET ADDRESS: _____	
		34 CITY, ST, ZIP: _____	
		41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		42 NAME: _____	
		43 STREET ADDRESS: _____	
		44 CITY, ST, ZIP: _____	
		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52 NAME: _____	
		53 STREET ADDRESS: _____	
		54 CITY, ST, ZIP: _____	
		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		62 NAME: _____	
		63 STREET ADDRESS: _____	
		64 CITY, ST, ZIP: _____	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(3)(b), Florida Statutes. I further certify that the information included 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. 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 of this report or on an attachment with my address.

SIGNATURE: *Beatrice Salomon* *Beatrice Salomon* *7/26/95* *908-948 8888*