

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

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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004423 (9)
 1. Corporation Name
JF HOTEL, INC.

Principal Place of Business 302 ROYAL POINCIANA WAY PALM BEACH FL 33480 US	Mailing Address 302 ROYAL POINCIANA WAY PALM BEACH FL 33480-4002 US
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21 2. Principal Place of Business Suite, Apt. #, etc.	22 2a. Mailing Address Suite, Apt. #, etc.
23 22. City & State City & State	27 27. City & State City & State
24 23. Zip Zip	28 28. Zip Zip
25 24. Country Country	30 30. Country Country

3. Date Incorporated or Qualified 08/24/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0501405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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

FISHER, JEFFREY
302 ROYAL POINCIANA WAY
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME SHAW, FREDERIC	
STREET ADDRESS 302 ROYAL POINCIANA WAY	
CITY - ST - ZIP PALM BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME FISHER, JEFFREY H	
STREET ADDRESS 302 ROYAL POINCIANA WAY	
CITY - ST - ZIP PALM BEACH FL	
TITLE S	<input type="checkbox"/> DELETE
NAME LANGLEY, JOHN	
STREET ADDRESS 302 ROYAL POINCIANA WAY	
CITY - ST - ZIP PALM BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Roger Pollak	
1.3 STREET ADDRESS 302 Royal Poinciana Way	
1.4 CITY - ST - ZIP Palm Beach, FL 33480	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CP2E034 (9/96)