

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90100 007 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000004423**

1. Corporation Name  
**JF HOTEL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 302 ROYAL POINCIANA WAY PALM BEACH FL 33480 US	Mailing Address 302 ROYAL POINCIANA WAY PALM BEACH FL 33480 US
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3. Date Incorporated or Qualified <b>08/24/1994</b>	4. FEI Number <b>65-0501405</b>	Applied For Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Principal Place of Business 21 <b>340 ROYAL POINCIANA WAY</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>340 ROYAL POINCIANA WAY</b> Suite, Apt. #, etc.
22 <b>SUITE 302</b> City & State	27 <b>SUITE 302</b> City & State
23 <b>PALM BEACH, FL</b> Zip Country	28 <b>PALM BEACH, FL</b> Zip Country
24 <b>33480 USA</b>	29 <b>33480 USA</b>

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD SHAW, FREDERIC</b>	1.2 NAME	
STREET ADDRESS	<b>302 ROYAL POINCIANA WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	DELETED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D FISHER, JEFFREY H</b>	2.2 NAME	
STREET ADDRESS	<b>302 ROYAL POINCIANA WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	DELETED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S LANGLEY, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>302 ROYAL POINCIANA WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AS POLLAK, ROGER</b>	4.2 NAME	
STREET ADDRESS	<b>302 ROYAL POINCIANA WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Roger Pollak** DATE: **2/20/99** PHONE: **561 655-9001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)