

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State

4-5-96 B-3124-C

DOCUMENT # F95000003138 (3)

1. Corporation Name
THE JAGUAR INVESTMENT GROUP, INC.



Principal Place of Business: **682 SE NORSEMAN DR. PORT ST. LUCIE FL 34984**
Mailing Address: **682 SE NORSEMAN DR. PORT ST. LUCIE FL 34984**

3. Date Incorporated or Qualified: **06/28/1995**
3a. Date of Last Report: []
4. FEI Number: **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 s. 199.032, Florida Statutes: [] Yes [X] No
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 [] 22 [] 23 [] 24 [] 25 []
2a. Mailing Address: 26 [] 27 [] 28 [] 29 [] 30 []

9. Name and Address of Current Registered Agent: **ROBBINS, DIANNE J 2512 SE ANCHORAGE COVE G-E PORT ST. LUCIE FL 34952**
81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] FL 85 Zip Code: []

11. Pursuant to the provisions of Sections 607.06(2) and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby request the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(9), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CP	[] DELETE	11 TITLE: [] Change [] Addition	[]
NAME: HIX, PRESTON D		12 NAME: []	
STREET ADDRESS: 682 SE NORSEMAN DR.		13 STREET ADDRESS: []	
CITY-ST-ZIP: PORT ST. LUCIE FL 34984		14 CITY-ST-ZIP: []	
TITLE: CV	[] DELETE	21 TITLE: [] Change [] Addition	[]
NAME: HIX, THOMAS P		22 NAME: []	
STREET ADDRESS: 3255 STAFFORD ST.		23 STREET ADDRESS: []	
CITY-ST-ZIP: ARLINGTON VA 22206		24 CITY-ST-ZIP: []	
TITLE: DST	[] DELETE	31 TITLE: [] Change [] Addition	[]
NAME: ROBBINS, DIANNE J		32 NAME: []	
STREET ADDRESS: 2512 SE ANCHORAGE COVE G-3		33 STREET ADDRESS: []	
CITY-ST-ZIP: PORT ST. LUCIE FL 34952		34 CITY-ST-ZIP: []	
TITLE: V	[] DELETE	41 TITLE: [] Change [] Addition	[X]
NAME: HIRSCH, H.P.		42 NAME: []	
STREET ADDRESS: 14 NORTH DR.		43 STREET ADDRESS: 1717 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP: KEY LARGO FL 33037		44 CITY-ST-ZIP: MIAMI, FL. 33256	
TITLE: [] DELETE		51 TITLE: [] Change [] Addition	[]
NAME: []		52 NAME: []	
STREET ADDRESS: []		53 STREET ADDRESS: []	
CITY-ST-ZIP: []		54 CITY-ST-ZIP: []	
TITLE: [] DELETE		61 TITLE: [] Change [] Addition	[]
NAME: []		62 NAME: []	
STREET ADDRESS: []		63 STREET ADDRESS: []	
CITY-ST-ZIP: []		64 CITY-ST-ZIP: []	

14. I do hereby certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental financial report is true and correct 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 Book 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Preston D. Hix* PRESTON D. HIX 4-2-96 4078787611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)