

**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: **06/28/1995**  
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  No  
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21, 22, 23, 24  
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  
85. Zip Code: **FL**

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: <b>CP</b>	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HIX, PRESTON D</b>		2. NAME	
STREET ADDRESS: <b>682 SE NORSEMAN DR.</b>		3. STREET ADDRESS	
CITY-STATE-ZIP: <b>PORT ST. LUCIE FL 34984</b>		4. CITY-STATE-ZIP	
TITLE: <b>CV</b>	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HIX, THOMAS P</b>		3. NAME	
STREET ADDRESS: <b>3255 STAFFORD ST.</b>		4. STREET ADDRESS	
CITY-STATE-ZIP: <b>ARLINGTON VA 22206</b>		5. CITY-STATE-ZIP	
TITLE: <b>DST</b>	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ROBBINS, DIANNE J</b>		4. NAME	
STREET ADDRESS: <b>2512 SE ANCHORAGE COVE G-3</b>		5. STREET ADDRESS	
CITY-STATE-ZIP: <b>PORT ST. LUCIE FL 34952</b>		6. CITY-STATE-ZIP	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HIRSCH, H.P.</b>		5. NAME	
STREET ADDRESS: <b>14 NORTH DR.</b>		6. STREET ADDRESS	
CITY-STATE-ZIP: <b>KEY LARGO FL 33037</b>		7. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. NAME	
STREET ADDRESS:		7. STREET ADDRESS	
CITY-STATE-ZIP:		8. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		7. NAME	
STREET ADDRESS:		8. STREET ADDRESS	
CITY-STATE-ZIP:		9. CITY-STATE-ZIP	

*1717 NORTH BAYSHORE DRIVE  
MIAMI, FL. 33256*

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 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 Book 12 or Book 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)