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FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 34984-5226**

3. Date Incorporated or Qualified: **06/28/1995** 3a. Date of Last Report: **04/05/1996**
 4. FEI Number: **65-0675262** Applied For: Not Applicable
-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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

9. Name and Address of Current Registered Agent

ROBBINS, DIANNE J
2512 SE ANCHORAGE COVE G-E
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

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 607.0502 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: CP	<input type="checkbox"/> DELETE
NAME: HIX, PRESTON D	
STREET ADDRESS: 682 SE NORSEMAN DR.	
CITY - ST - ZIP: PORT ST. LUCIE FL 34984	
TITLE: CV	<input type="checkbox"/> DELETE
NAME: HIX, THOMAS P	
STREET ADDRESS: 3255 STAFFORD ST.	
CITY - ST - ZIP: ARLINGTON VA 22206	
TITLE: DST	<input type="checkbox"/> DELETE
NAME: ROBBINS, DIANNE J	
STREET ADDRESS: 2512 SE ANCHORAGE COVE G-3	
CITY - ST - ZIP: PORT ST. LUCIE FL 34952	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: HIRSCH, H.P.	
STREET ADDRESS: 1717 NORTH BAYSHORE DRIVE	
CITY - ST - ZIP: MIAMI 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2554A, S. ARLINGTON Mill DRIVE
2.4 CITY - ST - ZIP	ARLINGTON, VA 22206
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 if changed, or on an attachment with an address.

SIGNATURE: *Preston D. Hix*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-7-97** Daytime Phone: **561 878 7611**

CR2E034 (9/96)