

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 213046 (6)

1. Corporation Name
FLORIDA JAI-LAI, INC.



Principal Place of Business 203 SE 1ST ST P O BOX 24 FT. LAUDERDALE FL 33302	Mailing Address 203 SE 1ST ST P O BOX 24 FT. LAUDERDALE FL 33302
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6405 S Hwy 17-92 Suite, Apt #, etc.	2a. Mailing Address 26 PO Box 300107 Suite, Apt #, etc.
22 City & State FERN PARK FL	27 City & State FERN PARK FL
23 Zip 32730 Country U.S.A.	28 Zip 32730 Country U.S.A.

3. Date Incorporated or Qualified 06/17/1958	4. FEI Number 59-0948721	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SOPER, HORT
203 SE 1ST ST
FORT LAUDERDALE FL 33302

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 6405 S. Hwy 17-92
83 City	84 FERN PARK FL 85 Zip Code 32730

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	PTD <input type="checkbox"/> DELETE
NAME	SOPER, HORT
STREET ADDRESS	203 SE 1ST STREET
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MODAHL, WILLIAM
STREET ADDRESS	49 POTTER POND RD
CITY-ST-ZIP	LEXINGTON MA
TITLE	V <input type="checkbox"/> DELETE
NAME	CALDER, ELIZABETH
STREET ADDRESS	203 S.E. 1ST ST.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	PIERCE, ROBERTA A
STREET ADDRESS	123 CARRIAGE HILL DRIVE
CITY-ST-ZIP	CASSLEBERRY 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6405 S. Hwy 17-92
1.4 CITY-ST-ZIP	FERN PARK FL 32730
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6405 S. Hwy 17-92
3.4 CITY-ST-ZIP	FERN PARK FL 32730
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 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: Roberta A. Pierce **ROBERTA A. PIERCE** 4/20/98 407-339-6231

CR2E034 (10/97)