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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 470224

JACK'S ENTERPRISES, INC. Principal Place of Business Mailing Address 1328 LAFAYETTE ST 1328 LAFAYETTE ST CAPE CORAL FL 33904-9770 CAPE CORAL FL 33904 3. Date Incorporated or Qualified 3a. Date of Last Report 02/19/1975 02/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1775920 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite Apt # etc. n 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zιρ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALOIA, FRANK J. 4714-CAPE CORAL PARKWAY 82 P. O. BOX 535 83 CAPE CORAL FL 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 Signature: Syrvice printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE Change TITLE HEILIGENMAN, RICHARD 1.2 NAME NAME 5717 S.W. 9TH CT. 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY+S1-ZIP 14 City - ST-ZIP DELETE Change Addition ۷P 21 TITLE TITLE HEILGENMAN II, RICHARD 2.2 NAME NAME 5717 SW 9TH COURT 2 3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY - ST - ZIP 2 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE HIELIGENMAN, LINDA 3.2 NAME NAME 5717 S.W. 9TH CT. 3.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition THLE 4.1 TITLE HEILIGENMAN, HEIDI L 4. 2 NAME NAME 5717 S.W. 9TH CT. 4.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-7/P 4.4 CITY - ST - ZIP Change Addition DELETE 51 TITLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST- ZIP CITY-ST-2IP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CiTY - ST - 7iP 14. I do hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Table independent 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 chapted or on an attachment with an address.

SIGNATURE:

Lam an officer or director appears in Block 12 or Bl

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Jan 23 1997 8:00am

Secretary of State