


FILED

Jan 23 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 # 470224 (7) 1. Corporation Name JACK'S ENTERPRISES, INC.		
Principal Place of Business 1328 LAFAYETTE ST CAPE CORAL FL 33904		Mailing Address 1328 LAFAYETTE ST CAPE CORAL FL 33904-9770
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29
9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> ALOIA, FRANK J. 4714 CAPE CORAL PARKWAY P.O. BOX 535 CAPE CORAL FL </div> <div style="width: 15%;"> 81 Name A 82 Street Address 1710 83 PO 84 City Ca </div> </div>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, Such change was authorized by the corporation or agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HEILIGENMAN, RICHARD 5717 S.W. 9TH CT. CAPE CORAL FL 33914	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HEILIGENMAN II, RICHARD 5717 SW 9TH COURT CAPE CORAL FL 33914	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEILIGENMAN, LINDA 5717 S.W. 9TH CT. CAPE CORAL FL 33914	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HEILIGENMAN, HEIDI L 5717 S.W. 9TH CT. CAPE CORAL FL 33914	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
13.		
	1.1 TITLE	
	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY - ST - ZIP	
	2.1 TITLE	
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY - ST - ZIP	
	3.1 TITLE	
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY - ST - ZIP	
	4.1 TITLE	
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY - ST - ZIP	
	5.1 TITLE	
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY - ST - ZIP	
	6.1 TITLE	
	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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE: <i>Sandra Heiligenman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



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