

PROFIT
CORPORATION
ANNUAL REPORT
1999 AMENDED



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 530220

1. Corporation Name

JESSIE & FLO BRIGGS PRODUCTION COMPANY
n/k/a JESS-FLO BRIGGS PRODUCTION CO., INC.

Principal Place of Business

Mailing Address

1007 E. Las Olas Blvd.
Ft. Lauderdale, FL 33301

FILED

92 JUN 30 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3/28/77

| | | |
|--|---|--|
| 2. Principal Place of Business 21 1007 E. Las Olas Blvd. Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip Country 24 33301 25 USA | 2a. Mailing Address 26 1007 E. Las Olas Blvd. Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale, FL Zip Country 29 33301 30 USA | 4. FEI Number 59-1958455 Applied For 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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--|

9. Name and Address of Current Registered Agent

Jesse L. Briggs
1007 E. Las Olas Blvd.
Ft. Lauderdale, FL 33301

10. Name and Address of New Registered Agent

81 Name
William R. Clayton, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd St.
83 17th FL
84 City
Miami FL 85 Zip Code
33131

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

W. Clayton

6/25/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | Director <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jesse L. Briggs | 1.2 NAME | 600002927496--0 |
| STREET ADDRESS | 1007 E. Las Olas Blvd. | 1.3 STREET ADDRESS | -07/09/99--01074--009 |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33301 | 1.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | Director <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Blanca F. Briggs | 2.2 NAME | |
| STREET ADDRESS | 1007 E. Las Olas Blvd. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33301 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSE BRIGGS, DIRECTOR

Date

Daytime Phone #

4.12-99