

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 2:04

DOCUMENT # 569664 (6)

1. Corporation Name
JOF, INC.

Principal Place of Business C/O MAGNA PROPERTIES, INC 1301 W COPANS RD. C-10 POMPANO BCH FL 33064 US	Mailing Address C/O MAGNA PROPERTIES, INC P O BOX 2449 POMPANO BCH FL 33061 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/03/1978	3a. Date of Last Report 03/21/1994
4. FEI Number 59-1826380	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 664 S. Military Trail City & State 23 Deerfield Beach, FL 24 Zip 33442 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 664 S. Military Trail City & State 28 Deerfield Beach, FL 29 Zip 33442 30 Country
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9. Name and Address of Current Registered Agent

FORRER, JOHN O
1301 W COPANS RD
BLDG C SUITE 10
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 664 S. Military Trail	33442
83	
84 City Deerfield Beach	FL

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 agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSY
NAME	FORRER, JOHN O.
STREET ADDRESS	1301 W. COPANS RD.,#C-10
CITY - ST - ZIP	POMPANO BEACH, FL 0
TITLE	D
NAME	FORRER, JOHN O
STREET ADDRESS	1301 W. COPANS RD.,#C-10
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	664 S. Military Trail
1.4 CITY - ST - ZIP	Deerfield Beach, FL 33442
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	664 S. Military Trail
2.4 CITY - ST - ZIP	Deerfield Beach, FL 33442
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 not in attachment with an address.

SIGNATURE: John O. Forrer DATE: 1/27/95 PHONE: 305-419-1011
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR