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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 571573

(5)

JEFF GORDON, INC.

Principal Place of Business	Mailing Address	
3340 NW 67TH STREET	3340 NW 67TH STREET	
MIAMI FL 33147	MIAM! FL 33147	

## **FILED** Mar 31 1998 8:00am Secretary of State



Principal Placi	e of Busines	5	N	viailing A	raaress													
3340 NW 67TH STREET				3340 NW 67TH STREET														
MIAMI FL 331	147			MIAMI F	L 33147							DC	O NOT V	WRITE II	N THIS SI	PACE		
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21				26						"	59-18						<u> </u>	pplicable
Suite, Apt. #, etc.			20	Suite, Apt. #, etc.												\$8.7		
22			27	27						5.	Certificate	of Statu	s Desire	ed			Requi	
City & State			- 15'	City & State						-	Floation C	nmpolas	Financ	inc			<u></u>	
23			28	28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees								
Zip		Country	- 20	<u>Ι</u>		T	Country	, —			This corpo							
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[67]		and Address of Curre			Agent	30					Name and							
60	ORDON, JEI						81	Νε	ime	- 101						<b>a</b>		
							<u> </u>											
	40 N.W. 67						62	Str	reet Addri	ess (P.	.O. Box Nu	mber is	Not Acc	eptable	9)			
MIA	AMI FL 331	47					83	₩			<del>-</del>							
							63	1										1
							84	Cit	ty							85 Z	ip Coc	le
															<u>FL</u>	<u></u>		
11. Pursuant i	to the provis	ions of Sections 607.05 ent, or both, in the Stati th, and accept the oblig	02 and : e of Flor	607 150 rida Sur	8, Florida S	Statutes, th	ne above rized by	e-nai	med corp corporati	oration	n submits the	nis state ectors I	ment for hereby	r the pur	rpose of a	changin intment	g its re as red	gistered
agent. I a	m familiar wi	th, and accept the obliq	jations (	of Secti	on 607.050	5, Florida	Statute	\$.	oo polati									,
SIGNATURE																		
	Signature, typod	or printed name of registered as						ent sig	nature require						DATE			
12.	- AA	OFFICERS AN	10 DIRE	CTORS			13.				ADDITIONS	CHANG	SES TO	OFFICE		_		
TITLE	PD	N ICCORN			☐ DELETE		1.1 TITLE								ι	☐ Chang	je <b>L</b> .	Addition
NAME		N, JEFFREY				•	1.2 NAME											İ
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NAME		n, Julia Euzabeth	ı			1	2.2 NAME											
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CITY-ST-ZIP	MIAMI F	<u>L</u>					2.4 CITY-	ST-ZIF	<u> </u>									
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NAME	GORDO	N, FLORENCE B.				1	3.2 NAME											
STREET ADDRESS	3340 N	N 67TH STREET				1	3.3 STREET	ADDA	ESS									
CITY-ST-ZIP	MIAMI F	<u>L</u>					3.4. CITY-	<u>st-Z</u> if										
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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 supplimental 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.

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**SIGNATURE:**