


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

FILED

May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 662468 (8)

1. Corporation Name
JEFF INVESTMENTS, INC.

Principal Place of Business 3317 S 8TH ST TACOMA WA 98405	Mailing Address 3317 S 8TH ST TACOMA WA 98405-2204
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/08/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2066650	Applied For <input checked="" type="checkbox"/> 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WALLS, JAMES R - Pres.
~~1900 1ST ST~~ **4432 Spring Park Rd**
~~JACKSONVILLE FL 32205~~ **JACKSONVILLE FLA. 32207**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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** _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WALLS, JAMES R.	
STREET ADDRESS	1900 1ST ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SHOFFE, CHRISTINE L.	
STREET ADDRESS	1900 1ST ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SHOFFE, CHRISTINE L.	
STREET ADDRESS	1900 1ST ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES R. WALLS	
1.3 STREET ADDRESS	1900 1ST ST 4432 Spring Park Rd	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32205 JACKSONVILLE FLA. 32207	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFFREY D. WALLS	
2.3 STREET ADDRESS	3317 S 8TH ST	
2.4 CITY-ST-ZIP	TACOMA WA. 98405	
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 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.

SIGNATURE _____ **SIGNATURE REQUIRED** _____

CR2E034 (9/96)

CS
5/20/97

Dep 4/65.00