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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 672505

(5)

JACOBY, O'CONNOR AND MATTHEWS, CORPORATION,

J. O'CONNOR+ Hatthews, INC.

N/ 2/25/92

## **FILED** May 06 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address  511 N.E. THIRD AVE. FORT LAUDERDALE FL 33301-3235				\$ (45/10 4/1)/ 100/0 Jepa) \$1/() 88/0/ 9/1// 81/0/ 8/9// 9/9// 9/9// 9/9// 9/9//				
511 N.E. THIRI	D AVE. Idale fl 33301									
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						3. Date Incorporated or Qualified 06/05/1980		te of Last R 01/1996	eport	
2. Principal Pl	lace of Business	2a. Mailing Addr	ess			4. FEI Number	h	Ar	optied For	1
21		26			, <del>.</del>	59-2014955			ot Applicable	]
Suite, Apt.	#, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired		<b>*</b> - · -	Additional equired		
City & State	6	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be	1
3		28	<u> </u>			Trust Fund Contribution	<u> </u>	Added	lo Fees	]
Zip	Country	Zip	<u> </u>	ountry	<i>'</i>	8. This corporation has liability for in			. 199.032,	
24	25 9. Name and Address of Curren	29	30	<del></del>		Florida Statutes X  10. Name and Address of New Reg	Yes [			-
010		r negistered Agein	<del></del>	81	Name	10. Name and Address of feet hel	ISIOIAT V	.year.	<del></del> -	1
	ONNOR, JAMES K			L						
	N.E. THIRD AVE. LAUDERDALE FL 33301			82	Street Addr	ess (P.O. Box Number is Not Acceptable	9)			
, ,	EAUDENDALE FE 33301			83					·	1
					:			<del></del>		
· •				84	City		FL	<b>85</b> Zip	Code	
11. Pursuant I	to the provisions of Sections 607.0503	2 and 607.1508. Florid	da Statutes, the	abov	e-named corp	poration submits this statement for the pu		changing if	s registered	1
office or to	egistered agent, or both, in the State	of Florida, Such char	ige was authoriz	ed by	the corporati	oration submits this statement for the puicon's board of directors. I hereby accep	the appo	ointment as	registered	1
	Training was, and accept the oblige	anona or, occion cor.	.0000, 1 101100 01	into io	<b>9</b> .					
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable	(NOTE Registe	red Ag	ent Bignature requir	ed when reinslating)	DATE			]_
12.	OFFICERS AND		13	١,		ADDITIONS/CHANGES TO OFFICE	RS AND			]8
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NAME	O'CONNOR, JAMES K		1.2	NAME	į					8
STREET ADDRESS	511 N.E. THIRD AVE.		1.3	STREET	T ADDRESS					
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NAME				NAME						
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TILE		Di	ELETE 5.1	TITLE					Addition	
NAM:		,	5.2	NAME				115	:////	人
STREET ADDRESS			53	STREE	T ADDRESS			[[]]	(U/S)	×
CITY - ST- ZIP				CITY-	ST-ZIP			1/	7	
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STREET ADDRESS			6.3	STREET	t address	***165.00	U	,		
CITY - ST - ZIP		- 15 11 <del>2-1</del>		CITY		t in Cartino 110 07/2Vi) Elorida Statutor				-
والمستراب الماسا	by positive that the information cumplies	d with this filing dose.	mak a intitut tar th		ampean states	てっこくのへいへん エキロ ログダイン だしっかんり だしかけっこ		COPPLED TOOL	TDA	

I do nereby certify that the information supplied with this tiling does not quality 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.