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AND
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95 APR 14 PM 2: 28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morrnurn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835180 (1)

1. Corporation Name
JOE L. JESSUP & COMPANY

Principal Place of Business 1121 E COMMERCIAL BLVD PO BOX 11063 FT LAUDERDALE FL 33304	Mailing Address 1121 E COMMERCIAL BLVD PO BOX 11063 FT LAUDERDALE FL 33304
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2. Principal Place of Business 21	2a. Mailing Address 26
Suits, Apt. #, etc. 22	Suits, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/09/1975	3a. Date of Last Report 04/06/1994
4. FEI Number 52-0941582	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
9. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Blind Payment	

9. Name and Address of Current Registered Agent

**JESSUP, JOE L
133 COCONUT PALM RD
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

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

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 _____ 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	PDCS
NAME	JESSUP, JOE L
STREET ADDRESS	133 COCONUT PALM RD
CITY - ST - ZIP	BOCA RATON FL
TITLE	T
NAME	JESSUP, JOE L
STREET ADDRESS	133 COCONUT PALM RD
CITY - ST - ZIP	BOCA RATON FL
TITLE	VSD
NAME	JESSUP, JANET, AMIS
STREET ADDRESS	133 COCONUT PALM RD
CITY - ST - ZIP	BOCA RATON FL
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 119.07(3)(b), 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: Joe L. Jessup, President **4/3/95** **705-771-7804**
Signature (typed or printed name of signing officer or director)