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Mar 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

DOCUMENT # 835180 (1)  
1. Corporation Name  
JOE L. JESSUP & COMPANY



Principal Place of Business: 1121 E COMMERCIAL BLVD PO BOX 11063 FT LAUDERDALE FL 33334  
Mailing Address: 1121 E COMMERCIAL BLVD PO BOX 11063 FT LAUDERDALE FL 33334-3954

3. Date Incorporated or Qualified: 10/09/1975  
3a. Date of Last Report: 06/14/1996  
4. FEI Number: 52-0941582  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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, 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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-appointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSUP, JOE L.	12 NAME	
STREET ADDRESS	133 COCONUT PALM RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	1.4 CITY- ST- ZIP	
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSUP, JOE L.	22 NAME	
STREET ADDRESS	133 COCONUT PALM RD	2.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	2.4 CITY- ST- ZIP	
TITLE	VSD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSUP, JANET, AMIS	32 NAME	
STREET ADDRESS	133 COCONUT PALM RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	3.4 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: Joe L. Jessup - [Signature] 3/11/97 954-771-7804  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)