


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

FILED

Jan 28 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 # F86261 (7) 1. Corporation Name JIM STEFANELLI ENTERPRISES INC.					
Principal Place of Business % FREDERICK J. RAMIREZ, ESQ. 440 SABAL WAY FT. LAUDERDALE FL 33326			Mailing Address % FREDERICK J. RAMIREZ, ESQ. 440 SABAL WAY FT. LAUDERDALE FL 33326-3312		
2. Principal Place of Business 21 440 SABAL WAY Suite, Apt. #, etc. 22		2a. Mailing Address 26 440 SABAL WAY Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 06/22/1982 3a. Date of Last Report 02/08/1996	
23 Weston FL City & State 24 33326 25 USA Zip Country		28 Weston, FL City & State 29 33326 30 USA Zip Country		4. FEI Number 59-2196927 Applied For Not Applicable	
9. Name and Address of Current Registered Agent RAMIREZ, FREDERICK J., ESQ. 440 SABAL WAY FT. LAUDERDALE FL 33326		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			
		10. Name and Address of New Registered Agent			
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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0288470

CP2E034 (9/96)