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Apr 03 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 # F94000004423 (9)

1. Corporation Name
JF HOTEL, INC.

Principal Place of Business
302 ROYAL POINCIANA WAY
PALM BEACH FL 33480
US

Mailing Address
302 ROYAL POINCIANA WAY
PALM BEACH FL 33480-4002
US



3. Date Incorporated or Qualified 08/24/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0501405	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

FISHER, JEFFREY
302 ROYAL POINCIANA WAY
PALM BEACH FL 33480

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Asst. Secretary
NAME	SHAW, FREDERIC	1.2 NAME	Roger Pollak
STREET ADDRESS	302 ROYAL POINCIANA WAY	1.3 STREET ADDRESS	302 Royal Poinciana Way
CITY - ST - ZIP	PALM BEACH FL	1.4 CITY - ST - ZIP	Palm Beach, FL 33480
TITLE	D	2.1 TITLE	
NAME	FISHER, JEFFREY H	2.2 NAME	
STREET ADDRESS	302 ROYAL POINCIANA WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	LANGLEY, JOHN	3.2 NAME	
STREET ADDRESS	302 ROYAL POINCIANA WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)