

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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000220 (1)**

1. Corporation Name  
**JJFN SERVICES, INC.**



Principal Place of Business <b>2500 MILITARY TRAIL NORTH 260 BOCA RATON FL 33431 US</b>	Mailing Address <b>2500 MILITARY TRAIL NORTH 260 BOCA RATON FL 33431 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/12/1996</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>11-3289981</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MILLER, DAVID 3585 NW 61ST CIRCLE BOCA RATON FL 33496</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 FL	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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPCD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSHAY, JOAN P	1.2 NAME	<b>JOHN P KUSHAY</b>
STREET ADDRESS	618 CYPRESS GREEN CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISS, SAMUEL G	2.2 NAME	<b>Chairman David Miller</b>
STREET ADDRESS	30 MAIN STREET	2.3 STREET ADDRESS	<b>2500 Military Trail North, Ste 260</b>
CITY-ST-ZIP	PORT WASHINGTON NY 11050	2.4 CITY-ST-ZIP	<b>Boca Raton FL 33431</b>
TITLE	<del>VP</del>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>CARLSON, GARY</del>	3.2 NAME	<b>Assistant Secretary/Vice President Joan E Kushay</b>
STREET ADDRESS	<del>3611 GRANADA BLVD.</del>	3.3 STREET ADDRESS	<b>618 Cypress Green Circle</b>
CITY-ST-ZIP	<del>CORAL GABLES FL 33134</del>	3.4 CITY-ST-ZIP	<b>Wellington FL 33414</b>
TITLE	<b>Assistant Secretary</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Vice President Don Lederman</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1166 NW 108th Terrace</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Plantation FL 33322</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 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 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: *Joan E Kushay Assistant Secretary* 2/18/98

CR2E034 (10/97)