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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # G04680

(6)

## **FILED** May 01 1997 8:00am Secretary of State

J&G CO Principal Plac 6711 NW 24T FT LAUDERDA	ce of Busines		•	Mailing Address 3711 NW 24TH T T LAUDERDALE	TERRACE	-1409								
									3. Date Incorpo 10/13/198			ate of Las <b>/29/199</b>		
2. Principal F	lace of Busi	noss	20	. Mailing Addr	ess		<del></del>		4. FEI Number				Applied Fo	
21			26			· /	<del></del> -		59-22239	07			Not Applic	
Suito, Apt	#, etc		27	Suite, Apt. #,	, etc.				5. Certificate of	Status Desired			5 Additions Required	al
City & Sta	te			City & State		······································	:		6. Election Cam	paign Financing		\$5.0	May Be	,
23		1	28					:	Trust Fund Co				d to Fees	
Z(p ]		Country		Z₁p ]	}	Countr	ry		8. This corporat		or intangible		r s. 199.03.	2,
24	9. Name	and Address of C	29 Current Regi			30		······································	10. Name and A					
ZAI	FF, SUSAN					81	1 Na	me		T 101				
		H TERRACE				82	2 Stre	et Addre	ess (P.O. Box Numb	er is Not Accep	table)			·
FT	LAUDERDA	LE FL 33309										·····		
						83	3				٠			
						84	4 City	/			FL	85 Z	ip Code	
												- l changin	a its registe	
11. Pursuant	to the provis	sions of Sections 60	07.0502 and (	607,1508, Florid	da Statute	s, the above	ve-nan	ned corpo	pration submits this	statement for th	e purpose (	o changin	De l'Onicial	ed
11. Pursuant office or agent. I a		sions of Sections 60 gent, or both, in the ith, and accept the								statement for th ors. I hereby ac		pointment	as register	ered ed
SIGNATURE		d or prefed name of registe	ered agent and to	se if applicable		Registered Aç			d when reinslating)		DATE			
		d or prefed name of registe		se if applicable	(NOTE		ngia Ineg		d when reinslating)	statement for thors. I hereby ac	DATE	D DIRECT	ORS IN 12	dition
SIGNATURE	Signature, types  T ZAFF, G	d or punted name of registe OFFICEF	ered agent and to	ce if applicable	(NOTE	Registered As	gent sign		d when reinslating)		DATE	D DIRECT	ORS IN 12	dition
SIGNATURE  12. TITLE	T ZAFF, G 6711 NV	of or provided name of register OFFICE F REGORY V 24TH TERR.	ered agent and to IS AND DIRE	ce if applicable	(NOTE	Registered As  13.  1.1 TifLE	gent sign	ature require	d when reinslating)		DATE	D DIRECT	ORS IN 12	dition
SIGNATURE  12. THE NAME STREET ADDRESS CITY-ST-ZIP	T ZAFF, G 6711 NV FT LAUI	d or punted name of registe OFFICEF	ered agent and to IS AND DIRE	ce if applicable CTORS  DE	(NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	gent sign	ature require	d when reinslating)		DATE	D DIRECT	ORS IN 12	dition
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, 1 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.

CHIH GABGONY ZAFF

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