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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G17508

(4)

J.F.R. ASSOCIATES, INC.

FILED
Jan 24 1997 8:00am
Secretary of State

Principal Place of Business 2021 E COMMERCIAL BLVD SUITE 302 FT LAUDERDALE FL 33334 US		Mailing Address 2021 E COMMERCIAL BLVD SUITE 302 FT LAUDERDALE FL 33308-3754 US			3. Date Incorporated or Qualified 12/30/1982 3a. Date of Last Report 01/25/1996			
								
21 Suite, Apt #, etc 22			26 Suite, Apt. #, etc. 27			5. Certificate of Status Desired	□ \$	Not Applicable 8.75 Additional Fee Required
City & State 23		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	30	untry		8. This corporation has liability for i	ntangible tax Yes 🏻 N	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
ROGERS, JACK F.				81	Name			
4100 NE 25TH AVE. LIGHTHOUSE POINT FL 33064			82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				64	City		FL 8	5 Zip Code
office o	int to the provisions of Sections 607.0 or registered agent, or both, in the Sta I am familiar with, and accept the obl	ite of Florida. Such cl	hange was authoriz	ed by	the corporati	oration submits this statement for the p on's board of directors. I hereby accep	urpose of cha t the appointr	anging its registered ment as registered

Signar inclusped or printed name of registered agest and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TIFLE 1.1 TITLE ROGERS, JACK F NAME 1.2 NAME 2E034 4100 NE 25TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TELLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY-ST-ZIP 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:

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Part 1/16/97 (954) 785-7395