FILE NOW. FILING TEE ATTEN MAY 1 10 0220:00		AMENDED ANNUAL REPORT		
* CORPORATION FLORIDA DEPAR	FLORIDA DEPARTMENT OF STATE		] ARIBODE ARRONE REPORT	
	3. Mortham			
Secretar	y of State 🕜			
. 1995 DIVISION OF C	CORPORATIONS			
DOCUMENT # G-29852 (2) 1. Corporation Name				
Jourdan's of Bora Raton, Inc.				
Principal Place of Business Mailing Address				
5620 N Fed Hwy Same Suite A		DO NOT WRITE IN TH	IIS SPACE	
Boca Raton, FL 33487-4006		1 (man	Date of Last Report	
Principal Place of Business     2a. Mailing Address		4. FEI Number	Applied For	
27 5620 N Fed Hwy 25		59-2320990	Not Applicable	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  22 Suite A  27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State  City & State  City & State  City & State  23 Boca Ruton, FL  28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country Zip	Country 30	This corporation has liability for intangit     Florida Statutes	ole tax under S. 199 032,	
9. Name and Address of Current Registered Agent	30	10. Name and Address of New Registe		
KENNETH S. RAPPAPORT P.A.	81 Name	arbara Simon		
1300 N. FEDERAL HIGHWAY	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE 203	83 56	20 N Fed Hwy	<u> </u>	
. BOCA RATON, FLA.	$\int \mathcal{S} u$	ite_A		
	84 City City	ca Radon !	FL 85 Zp Code 87	
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. Thereby accept the appointment as registered agent. I am				
Mamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Synature hand or printed name of registered agent and title 4 applicable INOTE	Registered Agent signalure require		7/96	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TILE	1 ) Tifle P B	PRESIDENT Sarbara Simon	Change Addition	
NAME	12 NAME	5620 N Fed Huy:	suiteA	
STREET ADDRESS	1 3 STREET ADDRESS	Boca Raton, FL 3	3487	
CITY - ST - ZIP TITLE	1 4 CITY - ST - ZIP 2 1 TITLE	Descent to the second s	Change Addition	
NAME	2.2 NAME		<del></del> -	
STREET ADDRESS	2 3 STREET ADDRESS			
CITY+ST-ZIP	2 4 CITY ST- ZIP			
TITLE	3 1 TITLE		Change Addition	
NAME	3 2 NAME			
STREET ADDRESS	3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	3.4 City - ST - ZIP 4.1 TitlE		Change Addition	
NAME	4 2 NAME			
STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP	4.4 CITY - ST - ZIP			
, TITLE	5 1 TITLE	900001202	Change Addition	
NAME	5 2 NAME	900001767 -04/02/9601123- ***61.25	-000 123	
STREET ADDRESS	. 5 3 STREET ADDRESS	***61.25	0.0	
CITY-ST-ZIP TITLE	5.4 CITY - ST ZIP 6.1 TITLE		Change Addition	
NAME	62 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 enipowered 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 addres	s inpowered to execute this	is report as required by Oriapter borr, i folloa St	Citolog, and that my horno	

SCONON B.SIMON
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/95 407 44 994 4964