


~~FILE NOW. FILING FEE AFTER MAY 1 IS \$220.00~~

AMENDED ANNUAL REPORT

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G-29852 (2) 1. Corporation Name Jourdan's of Boca Raton, Inc.			
Principal Place of Business 5620 N Fed Hwy Suite A Boca Raton, FL 33487-4006		Mailing Address Same	
2. Principal Place of Business 21 5620 N Fed Hwy Suite, Apt. #, etc. 22 Suite A City & State 23 Boca Raton, FL Zip 24 33487-4006		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA	
9. Name and Address of Current Registered Agent KENNETH S. RAPPAPORT P.A. 1300 N. FEDERAL HIGHWAY SUITE 203 BOCA RATON, FLA.		10. Name and Address of New Registered Agent 81 Name Barbara Simon 82 Street Address (P.O. Box Number is Not Acceptable) 5620 N Fed Hwy 83 Suite A 84 City Boca Raton FL 85 Zip Code 33487	
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: B. Simon DATE: 1/27/96			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE P 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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: B. Simon B. SIMON DATE: 1/27/96 DAYTIME PHONE: 407 994 4964			