FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G29852

(2)

r. Corporation Name					
JOURDAN'S OF BOCA RATON, INC.					
Principal Place of Business Mailing Address					IBI BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL IBBI
5569-NORTH FEDERAL HWY. BOCA RATON FL 33487		5500 NORTH FEDERAL HWY. BOCA RATON FL 33487			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				03/14/1983	03/14/1995
2. Principal Pla	ce of Buşiness	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2320990	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #. etc.		5. Cert-ficate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New B	egistered Agent
			81 Name \mathcal{C}	erbara Simon	
RAPPAPORT, KENNETH S., PA				treet Address (P.O. Box Number is Not Acceptable)	
1300 NORTH FEDERAL HIGHWAY, SUITE 203			83 569	LO N FED HWY	Ste A
BOCA RA	TON FL 33432			3	
			84 City	Pall	FL 85 Zp Code 33 487
•1 Dure port to	a the provisions of Sections 607.050	2 and 607 1508 Fiorida Sta	tutes the above-named coroo	a Katon ration submits this statement for the puri	nose of changing its registered office
11. Pursuant to the provisions of Soctions 607,0502 and 607,1508, Fiorida 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 symptoms of, Section 607,0505. Florida Statutes.					
familiar wit	h, and accept the collections or, Sec	mon 607.0006. Monda Stard	nes.	١.٠	12/96
SIGNATURE _	Signature, typed or printed masks of registere Lager	tand de stabilitaté	(NOTE: Regulational Agreet Signature require	anliyaher iransitatingi	DATE
12.		IO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	Barbara Simo	DELETE	† 1 TITLE		Change Addition
NAME	section of since	Awa Ste A	1.2 NAME		i
STREET ADDRESS	2620 N FEW	32/107	1.3 STREET ADDRESS		
CITY - ST - ZIP	5620 N Fed to Boxa Ration F	L 33481	1.4 CITY - ST - ZIP		Change Midding
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	2 4 C(TY - ST - Z)(*) 3 1 T(TLE		☐ Change ☐ Addition
TITLE			3 2 NAME		
NAME .			33 STREET ADDRESS		
STREET ADDRESS			3.4 CITY - ST-7IP		
CITY ST-ZIP		DELETE	4 1 TITLE		Change Addition
NAME		_	4.2 NAME	a management a series	
STREET ADDRESS			4.3 STREET ADDRESS	10000178	36851
CITY-ST-ZIP			4.4.0(1.YSTZIP	-04/19/96010	122010
TITLE		☐ DELETE	5 1 TILLE	***2 00.00	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - \$1 - ZIP		
THILE		DELETE	6 1 TillE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SF-ZiP			6.4 City ST-ZIP	In the constant of the Contract of the	07/2016 Florida Statutos I further
14. I do hereb	y certify that the information supplied	t with this filing is voluntarily.	turn shed and does not gual fy	for the exemption stated in Section 119	or (a)(k), Fiorida atalutes, Fruntier

4. To hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0(a)(k). Florida Statutes, Turner 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 recover or trustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

Da,time Phone #