

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G62929 (6)

1. Corporation Name  
J. F. MARKAEL, INC.

Principal Place of Business

C/O GARY J. NAGLE  
1460 CYPRESS DR.  
JUPITER FL 33469

Mailing Address

C/O GARY J. NAGLE  
1460 CYPRESS DR.  
JUPITER FL 33469-3263



|                                                                                                                                                  |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>09/27/1983                                                                                                  | 3a. Date of Last Report<br>04/30/1996 |
| 4. FEI Number<br>59-2325678                                                                                                                      | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

SMITH, FREDERICK C.  
1460 CYPRESS DR.  
JUPITER FL 33469

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature type for printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DP                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SMITH, FREDERICK C   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1460 CYPRESS DR.     | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | JUPITER, FLO 00000   | 1.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      | D                    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SMITH, JACQUELINE B. | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1460 CYPRESS DR.     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | JUPITER FL           | 2.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                      | 3.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                      | 4.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                      | 5.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 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 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:

Frederick C. Smith

3/21/97

561-746-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)