FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # G97990   (7)
1. Corporation Name

JOKEBRER, INC.

Principal Place of Business	Mailing Address
5223 W. BROWARD BLVD. PLANTATION FL 33317 US	1100 NW 105TH WAY PLANTATION FL 33322-6500 US

	3. Date Incorporated or Qualified **04/11/1984**	3a. Date of Last Report **04/24/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-2394256**	Applied For / Not Applicable

21 | 26

Suite, Apt. #, etc.
22 | 27

City & State
23 | 28

| Zip | Country | Zip | Country |
24 | 25 | 29 | 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEFF, CHRIS
1100 N.W. 105TH WAY
PLANTATION FL 33322

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, typed or printed name of registered agent and title 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**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**LEFF, CHRIS**		1.2 NAME		
STREET ADDRESS	**1100 NW 105TH WAY**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**PLANTATION FL**		1.4 CITY-ST-ZIP		
TITLE	**V**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**MAJZLIN, JILL**		2.2 NAME		
STREET ADDRESS	**511 N.W. 78TH WAY**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**PLANTATION FL**		2.4 CITY-ST-ZIP		
TITLE	**ST**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**LEFF, JACK**		3.2 NAME		
STREET ADDRESS	**1100 NW 105TH WAY**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**PLANTATION FL**		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 _____   Chris Leff   April 27, 1997 (954) 550-____