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Apr 29 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 # H79177 (2)

1. Corporation Name
JAFFE DEVELOPMENT, INC.

Principal Place of Business

1799 7TH AVENUE N.
LAKE WORTH FL 33461
US

Mailing Address

1799 7TH AVENUE N.
LAKE WORTH FL 33461-3850
US



3. Date Incorporated or Qualified 10/03/1985
3a. Date of Last Report 04/25/1996

2. Principal Place of Business

21 55 EDINBURGH DRIVE

2a. Mailing Address

26 55 EDINBURGH DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 PALM BEACH GARDENS

City & State

28 PALM BEACH GARDENS

Zip 33418

Country PALM BCH

Zip 33418

Country PALM BCH

9. Name and Address of Current Registered Agent

JAFFE, DENNIS J.
1799 7TH AVENUE NORTH
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name

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

83

84 City PALM BEACH GARDENS FL

85 Zip Code 33418

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JAFFE, DENNIS J.
STREET ADDRESS 55 EDINBURGH DRIVE
CITY - ST - ZIP PALM BEACH GARDENS, FL

TITLE DST
NAME JAFFE, ILONA T.
STREET ADDRESS 55 EDINBURGH DRIVE
CITY - ST - ZIP PALM BEACH GARDENS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)