

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K67098 (9)

1. Corporation Name
JACKMAN OF FLORIDA, INC.



Principal Place of Business % GEORGE R. MORAITIS 915 MIDDLE RIVER DRIVE, SUITE 506 FORT LAUDERDALE FL 33304	Mailing Address % GEORGE R. MORAITIS 915 MIDDLE RIVER DRIVE, SUITE 506 FORT LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/21/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2067615	
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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MORAITIS, GEORGE R.
915 MIDDLE RIVER DRIVE
SUITE 506
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LONDONO, J.B.	
STREET ADDRESS	506 MIDDLE RIVER DRIVE #506	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	LONDONO, CARLOS MANUEL	
STREET ADDRESS	915 MIDDLE RIVER DRIVE #506	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	DVPS	<input checked="" type="checkbox"/> DELETE
NAME	ECHAVARRA, LUIS	
STREET ADDRESS	165 OCEAN BLVD	
CITY-ST-ZIP	GOLDEN BEACH FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	LONDONO, MARIA CHRISTINA	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, #506	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JARAMILLO, FERNAN	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, STE 506	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DVPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LONDONO, J.B.	
13 STREET ADDRESS	915 Middle River Drive, #506	
14 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
21 TITLE	DPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LONDONO, CARLOS MANUEL	
23 STREET ADDRESS	915 Middle River Drive, #506	
24 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
31 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LONDONO, LEON,,	
33 STREET ADDRESS	915 Middle River Drive, Suite 506	
34 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
41 TITLE	DAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	LONDONO, MARIA CHRISTINA	
43 STREET ADDRESS	915 Middle River Drive, Suite 506	
44 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 954-503-411023

CR2E034 (10/97)