

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L13075 (1)

1. Corporation Name
JJC INVESTMENTS, INC.



Principal Place of Business 5399 W. IRLO BRONSON MEM HWY. KISSIMMEE FL 34746	Mailing Address 5399 W. IRLO BRONSON MEM. HWY KISSIMMEE FL 34746-4711 US
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3. Date Incorporated or Qualified 09/01/1989	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business	2a. Mailing Address
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	Country	28 Zip	Country
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24	25	29	30
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4. FEI Number 59-3016246	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

YOUNG, CHUNG-TA
5399 W. IRLO BRONSON MEM. HWY
DAYTONA BCH., FL 32118

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 607.0402 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

TITLE	SMD	<input type="checkbox"/> DELETE
NAME	YOUNG, CHUNG-TA	
STREET ADDRESS	5399 W. IRLO BRONSON MEM.	
CITY-ST-ZIP	KISSIMMEE FL 34746	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.2 NAME	
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1.3 STREET ADDRESS	
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1.4 CITY-ST-ZIP	
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2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.2 NAME	
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2.3 STREET ADDRESS	
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2.4 CITY-ST-ZIP	
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3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME	
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3.3 STREET ADDRESS	
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3.4 CITY-ST-ZIP	
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4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.2 NAME	
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4.3 STREET ADDRESS	
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4.4 CITY-ST-ZIP	
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5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.2 NAME	
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5.3 STREET ADDRESS	
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5.4 CITY-ST-ZIP	
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6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME	
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6.3 STREET ADDRESS	
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6.4 CITY-ST-ZIP	
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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

Chung-Ta Young 4/28/97

407-396
- 7666

032E034 (9/96)