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May 19 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 # L15165 (8)

1. Corporation Name
JUNGLE JIM'S OF CHURCH STREET, INC.

Principal Place of Business
55 W. CHURCH ST. #220
ORLANDO FL 32801

Mailing Address
55 W. CHURCH ST. #220
ORLANDO FL 32801-3347



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
09/11/1989	07/16/1996
4. FEI Number	Applied For
59-2973905	Not Applicable
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
SMITH, LUCILLE M
55 W. CHURCH ST.
SUITE 220
ORLANDO FL 32801

81 Name	SHARON S. HADLEY
82 Street Address (P.O. Box Number is Not Acceptable)	777 E MERRITT ISLAND
83	MERRITT ISL.
84 City	FL
85 Zip Code	32952

11. Pursuant to the provisions of Sections 607.0302 and 607.0303, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with the duties and obligations of a registered agent under Florida Statutes.

SIGNATURE SHARON S. HADLEY DATE 4-8-97

12. OFFICERS AND DIRECTORS	
TITLE	ST
NAME	HADLEY, SHARON S.
STREET ADDRESS	4545 JAMES ROAD
CITY-ST-ZIP	COCOA FL
TITLE	V
NAME	COPPAGE, JAMES
STREET ADDRESS	246 CASCADE RD
CITY-ST-ZIP	COLUMBUS GA
TITLE	P
NAME	PAGE, LYNN
STREET ADDRESS	670 BARSCHALL DR
CITY-ST-ZIP	COLUMBUS GA
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	777 E MERRITT ISLAND
1.4 CITY-ST-ZIP	MERRITT ISL FL 32952
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 SHARON S. HADLEY DATE 4-8-97 407 803 6310

CR2E034 (9/96)