FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 16 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M26700 (8)

1. Corporation Name
FIRST JEFFERSON, CORP.

Principal Place of Business	Mailing Address
2758 POINCIANA BLVD. KISSIMMEE FL 34746-5258	2758 POINCIANA BLVD. KISSIMMEE FL 34746-5258

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/30/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2791 Poinciana Blvd
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 2791 Poinciana Blvd
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2648769 ☐ Applied For ☐ 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. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MEYERS, STEVEN M.
ONE BISCAYNE TOWER SUTIE 3550
TWO S. BISCAYNE, BLVD.
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	☐ Change ☐ Addition
NAME	MEYERS, HILLEL	1.2 NAME	
STREET ADDRESS	4875 PINE TREE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	KAPLUS, ROBERT	2.2 NAME	
STREET ADDRESS	3235 TOMAHAWK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☒ Change ☐ Addition
NAME	MEYERS, NEIL	3.2 NAME	
STREET ADDRESS	11111 BISCAYNE BLVD.	3.3 STREET ADDRESS	N. 2791 Poinciana Blvd
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Kissimmee, FL 34746-5258
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MEYERS, HILLEL	4.2 NAME	
STREET ADDRESS	4875 PINE TREE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAIMI BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 3-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0376876 CP