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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # M84981

1. Corporation Name

JENNA-JEFF, INC.

•••	<u>:</u> -ΓΓ, ΙΝΟ·	×							
Principal Place	of Business	Ma	iling Address						
7901 W. BROWARD BOULEVARD		790	7901 W. BROWARD BOULEVARD						:
PLANTATION FL 33324		PLANTATION FL 33324				DO NOT WRITE IN THIS SPACE			
us		U\$				3. Date incorporated or Qualifed			
							06/10/1988		
		120	Mailing Address				4. FEI Number	· Ar	oplied For
2. Principal Place of Business		2a. Mailing Address				65-0056518	·No	t Applicable	
11		Suite, Apt. #, etc.					~~	Additional	
Suite, Apt. #, etc.		27	<u>├</u>				5. Certificate of Status Desired	Fee Re	equired
22		- 21	City & State		-		6. Election Campaign Financing	\$5.00	May Be
City & State	•	28					Trust Fund Contribution		to Fees
Zip	Country	- 20	Zip	Çoı	untry		8. This corporation owes the current year In	angible	F3
ZIP	25	29	·	30			Personal Property Tax.	Yes	IX No
24	9. Name and Address of Cur		tered Agent				10. Name and Address of New Registered	Agent	
	<u> </u>	· ·			81	Name			
TATU	JM, THOMAS R				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	-	-
200 l	E LAS OLAS BLVD #1800							2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 m. 50
FOR	T LAUDERDALE FL 33301	44			83				
					84	City	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	85 Zip	Code
					1 1	•	<u>FL</u>	<u>- 1 </u>	
	to the bioxisions of coordinate	ata of Florid	do Such change was	authorize	ed by	the comoratio	oration submits this statement for the purpose on s board of directors. I hereby accept the appo	internette do .	-9/5/5/
agent. I a	egistered agent, or both, in the So m familiar with, and accept the ob	ligations of	, Section 607.0505, F	lorida Sta	tutés		d when reinstating) DATE		<u> </u>
office or re agent. I as	egistered agent, or both, in the Som familiar with, and accept the ob-	ligations of	, Section 607.0505, F	lorida Sta	tutes ed Agen			ND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE	egistered agent, or both, if the Some familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	ligations of	, Section 607.0505, F	lorida Star	tutes ed Agen		d when reinstating) DATE		ORS IN 12
office or reagent. I an SIGNATURE	egistered agent, or both, in the Sum familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	ligations of	, Section 607.0505, F if applicable. (NO	TE: Registere 13.	tutes ed Agen		d when reinstating) DATE	ND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Sum familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R	ligations of	, Section 607.0505, F if applicable. (NO	TE: Registere 13. 1.1 T	ed Agen . TITLE		d when reinstating) DATE	ND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sum familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD	ligations of	, Section 607.0505, F if applicable. (NO	TE: Registere 13. 1.1 T 1.2 N 1.3 S	ed Agen . TITLE	nt signature required	d when reinstating) DATE	ND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sum familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL	ligations of	, Section 607.0505, F if applicable. (NO	TE: Registere	ed Agen . TITLE NAME	nt signature required	d when reinstating) DATE	ND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	egistered agent, or both, in the Sum familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S	ligations of	, Section 607.0505, F if applicable. (NO ECTORS DELETE	TE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 G 2.1 T	Agen TITLE NAME STREET	nt signature required	d when reinstating) DATE	ND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	egistered agent, or both, in the Sum familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M	ligations of	, Section 607.0505, F if applicable. (NO ECTORS DELETE	TE: Registere 13. 1.17 1.2N 1.38 1.46 2.17	ed Agen TITLE NAME STREET CITY-S TITLE NAME	nt signature required	d when reinstating) DATE	ND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sum familiar with, and accept the observation of familiar with, and accept the observation of familiar with, and accept the observation of familiar with, and accept the Sugnature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD RUDOLPH, SHARON M 7901 W BROWARD BLVD	ligations of	, Section 607.0505, F if applicable. (NO ECTORS DELETE	TE: Registere 13. 1.17 1.2 N 1.3 S 1.4 G 2.17 2.2 S	ed Agen TITLE NAME STREET CITY-S TITLE NAME	nt signature required T ADDRESS T ADDRESS	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sum familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M	ligations of	, Section 607.0505, F if applicable. (NO ECTORS DELETE	TE: Registere 13. 1.11 1.2N 1.38 1.44 2.11 2.21 2.38	ITTLE NAME STREET NAME STREET NAME	nt signature required T ADDRESS T ADDRESS	d when reinstating) DATE	ND DIRECT	ORS IN 12 Addition
office or ri agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Sum familiar with, and accept the observation of familiar with, and accept the observation of familiar with, and accept the observation of familiar with, and accept the Sugnature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD RUDOLPH, SHARON M 7901 W BROWARD BLVD	ligations of	, Section 607.0505, F if applicable. (NO ECTORS DELETE	TE: Registere 13. 1.11 1.2N 1.38 1.4(2.11 2.21 2.38 2.4 3.1°	Addensed Agents TITLE NAME STREET TITLE NAME STREET STREET CITY-S CITY-S	nt signature required T ADDRESS T ADDRESS	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition
office or ri agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the sum familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	, Section 607.0505, F if applicable. (NO ECTORS DELETE	TE: Registere 13. 1.11 1.2N 1.38 1.4(2.11 2.21 2.38 2.4 3.1' 3.21	AND THE STREET CONTY-STITLE NAME STREET CONTY-STITLE NAME STREET CONTY-STITLE NAME STREET NAME	nt signature required T ADDRESS T ADDRESS	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition
office or ri agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the sum familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	, Section 607.0505, F if applicable. (NO ECTORS DELETE	TE: Registere 13. 1.11 1.2N 1.38 1.44 2.11 2.21 2.33 2.4 3.11 3.21 3.31	AND THE STREET CONTY-STITLE NAME STREET CONTY-STITLE NAME STREET CONTY-STITLE NAME STREET NAME	t ADDRESS T ADDRESS T ADDRESS T. ZIP	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ri agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the sum familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	, Section 607.0505, F if applicable. (NO ECTORS DELETE	TE: Registere 13. 1.11 1.2N 1.38 1.44 2.11 2.21 2.33 2.4 3.11 3.21 3.31 3.4.	ad Agen TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET STREET NAME STREET NAME STREET	t ADDRESS T ADDRESS T ADDRESS T. ZIP	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ri agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the sum familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	, Section 607.0505, F if applicable. (NO ECTORS DELETE DELETE	TE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 C 2.3 S 2.4 C 3.1 T 3.2 C 3.3 C 3.4 C 4.1 C	TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S	T ADDRESS T-ZIP T ADDRESS ST-ZIP	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ri agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the som familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	, Section 607.0505, F if applicable. (NO ECTORS DELETE DELETE	TE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.11 2.2 t 2.3 S 2.4 4 3.1 T 3.2 t 3.3 d 4.1 t 4.2 t 4.1 t 4.2 t 4.2 t 4.1 t 4.2 t 4.2 t 4.1 t 4.2 t 4	ANAME STREE NAME STREE NAME STREE NAME STREE NAME STREE CITY-S TITLE NAME STREE ANAME STREE R R R R R R R R R R R R	T ADDRESS T-ZIP T ADDRESS ST-ZIP	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ri agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the som familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	Section 607.0505, F if applicable. (NO ECTORS DELETE DELETE	TE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 S 2.4 C 3.1 T 3.2 S 3.4 C 4.1 C 4.3 C 4.3 C 4.4 C 4.3 C 4.4 C 4.3 C 4.4 C	MAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE CITY-S TITLE CITY-S TITLE NAME CITY-S TITLE CITY-S TITLE	T ADDRESS T ADDRESS ST-ZIP T ADDRESS ST-ZIP	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ri agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the som familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	, Section 607.0505, F if applicable. (NO ECTORS DELETE DELETE	TE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 C 2.3 S 2.4 C 3.1 C 3.3 C 3.4 C 4.1 C 4.3 C 4.3 C 4.4 C 4.3 C 4.4 C 4.5 C 4.5 C 4.5 C 4.6 C 4.7 C 4.7 C 4.8 C 4.7 C 4.8 C	MAME STREE CITY-S TITLE NAME STREE CITY-S TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition Addition Addition
office or ri agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the som familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	Section 607.0505, F if applicable. (NO ECTORS DELETE DELETE	TE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 C 2.3 S 2.4 C 3.1 T 3.2 C 3.3 C 4.1 C 4.1 C 4.3 C 4.1 C 4.3 C 5.1 C 5.2 C 6.2 C 6.3 C	d Agen TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREE CITY-S TITLE STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or in agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the som familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	Section 607.0505, F if applicable. (NO ECTORS DELETE DELETE	TE: Registere 13. 1.17 1.2N 1.38 1.40 2.11 2.21 2.33 2.4 3.1 3.21 3.3 4.4 4.1 5.1 5.2 5.3	A STREET COTY-S TITLE NAME STREET COTY-S TITLE NAME STREET COTY-S TITLE NAME STREET COTY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE STREET TITLE STREET TITLE STREET TITLE STREET TITLE STREET STREET	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or in agent. I ai agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the som familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	Section 607.0505, F if applicable. (NO ECTORS DELETE DELETE DELETE	TE: Registere 13. 1.17 1.2N 1.38 1.4(2.11 2.21 2.33 2.4 3.1' 3.21 3.34 4.1' 4.2 4.3 4.4 5.1 5.2 5.3 5.4	d Agent TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREE CITY-S TITLE NAME	T ADDRESS ST-ZIP	d when reinstating) DATE	ND DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition
office or in agent. I ai agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the som familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	Section 607.0505, F if applicable. (NO ECTORS DELETE DELETE	TE: Registere 13. 1.17 1.2N 1.38 1.4(2.11 2.21 2.33 2.4 3.1' 3.2(3.34 4.1' 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1	ITILE ITILE INAME STREET COTY-S TITLE INAME STREET ITILE	T ADDRESS ST-ZIP	d when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition Addition Addition Addition
office or ri agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the som familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS DPT RUDOLPH, JOHN R 7901 W BROWARD BLVD PLANTATION FL S RUDOLPH, SHARON M 7901 W BROWARD BLVD PLANTATION FL	ligations of	Section 607.0505, F if applicable. (NO ECTORS DELETE DELETE DELETE	TE: Registere 13. 1.17 1.2N 1.38 1.4(2.11 2.21 2.33 2.4 3.1' 3.2(3.34 4.1' 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2	ITILE INAME STREET CITY-S TITLE NAME STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	d when reinstating) DATE	ND DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition
office or it agent. I ai agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	egistered agent, or both, in the som familiar with, and accept the observation of the some series of the som	ligations of	Section 607.0505, F if applicable. (NO ECTORS DELETE DELETE DELETE	TE: Registere 13. 1.17 1.2N 1.38 1.40 2.11 2.21 2.33 2.4 3.1' 3.21 3.34 4.1' 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2 6.3	ITILE INAME STREET CITY-S TITLE NAME STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP	d when reinstating) DATE	ND DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, pron an artischment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTO

Date

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90010 005 ***150.00

Daytime Phone #

:R2E034 (11/98)