

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004338 (0)

1. Corporation Name
JUBILEE COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business 2828 CORAL WAY STE. 303 MIAMI FL 33145 US	Mailing Address 2828 CORAL WAY STE. 303 MIAMI FL 33145 US
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3. Date Incorporated or Qualified 09/20/1993
4. FEI Number 65-0441965
Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 Add to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
GUDORF, FRANCIS V 2828 CORAL WAY SUITE 303 MIAMI FL 33145	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNKER, JUDITH	1.2 NAME	<i>Bunker, Judith</i>
STREET ADDRESS	4343 W. FLAGLER ST., 2ND FLOOR	1.3 STREET ADDRESS	<i>16701 SW 95th Avenue, Suite 112</i>
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	<i>Miami, Florida 33157</i>
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELM, ROY J. JR.	2.2 NAME	<i>Masvidal, Raul</i>
STREET ADDRESS	100 S.E. 2ND STREET, 14TH FLOOR	2.3 STREET ADDRESS	<i>2151 LeJeune Rd., Suite 202</i>
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	<i>Coral Gables, Florida 33134</i>
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAUGHN, JOHN REV	3.2 NAME	<i>Lima, Felix</i>
STREET ADDRESS	9401 BISCAYNE BLVD	3.3 STREET ADDRESS	<i>8360 W. Flagler St., Suite 200</i>
CITY-ST-ZIP	MIAMI SHORES FL 33138	3.4 CITY-ST-ZIP	<i>Miami, Florida 33144</i>
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIKE, DAVID	4.2 NAME	<i>Fike, David</i>
STREET ADDRESS	HUNTING LODGE DRIVE	4.3 STREET ADDRESS	<i>11300 NE 2nd Avenue</i>
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	4.4 CITY-ST-ZIP	<i>Miami, Florida 33161</i>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERS, ROBERT A	5.2 NAME	<i>Brown, Dr. Jim L.</i>
STREET ADDRESS	645 MADERIA AVE.	5.3 STREET ADDRESS	<i>10066 West Indigo Street</i>
CITY-ST-ZIP	CORAL GABLE FL 33134	5.4 CITY-ST-ZIP	<i>Miami, Florida 33157</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISSFELDT, RICHARD REV.	6.2 NAME	<i>Cooper, Thomas</i>
STREET ADDRESS	LMF 3507 FRONTAGE RD. #350	6.3 STREET ADDRESS	<i>5845 SW 87th Street</i>
CITY-ST-ZIP	TAMPA FL 33607	6.4 CITY-ST-ZIP	<i>South Miami, Florida 33143</i>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1-21-98** DAYTIME PHONE: **305-447-4600**

CR2E037 (10/97)