

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

FILED

Apr 03 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P32113 (3)
1. Corporation Name
JM FAMILY INTERNATIONAL, INC.



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|---|---|
| Principal Place of Business 100 NORTHWEST 12TH AVENUE TAX DEPT. DEERFIELD BEACH FL 33442 | Mailing Address 120 NW 12TH AVE LEGAL DEPT DEERFIELD BEACH FL 33442-1702 US |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 12/14/1990 | 3a. Date of Last Report 03/25/1996 |
| 4. FEI Number 65-0230820 | Applied For Not Applicable |
| 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 Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|--|
| g. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | |
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|---------|---|----|---------|----|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | FL | 85 Zip Code |
|---------|---|----|---------|----|-------------|

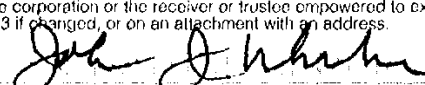
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
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 | D |
| NAME | MORAN PATRICIA G. |
| STREET ADDRESS | 100 N.W. 12TH AVENUE |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 |
| TITLE | D |
| NAME | MORAN, JAMES M. |
| STREET ADDRESS | 100 N.W. 12TH AVENUE |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 |
| TITLE | S |
| NAME | WHELAN, JOHN J. |
| STREET ADDRESS | 100 N.W. 12TH AVENUE |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 |
| TITLE | DPT |
| NAME | RICH, LAWRENCE S. |
| STREET ADDRESS | 100 N.W. 12TH AVENUE |
| CITY-ST-ZIP | DEERFIELD BEACH FL |
| TITLE | V |
| NAME | GUNNELL, CASEY L. |
| STREET ADDRESS | 100 N.W. 12TH AVENUE |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 |
| TITLE | D |
| NAME | MORAN, JANICE M. |
| STREET ADDRESS | 100 N.W. 12TH AVENUE |
| CITY-ST-ZIP | DEERFIELD BEACH FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | See Attached |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | |
| 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:  8/27/97 954-420-4585

CR2E034 (9/96)

03/27/97

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OFFICERS AND DIRECTORS WITH BUSINESS ADDRESS

JM Family International, Inc.

| <u>Name</u> | <u>Title</u> | <u>Business</u> |
|-----------------------------|--|---|
| Colin W. Brown, Esq. | Executive Vice President & General Counsel | 100 NW 12th Avenue Deerfield Beach, FL 33442 |
| Casey L. Gunnell | Vice President, Finance | 100 NW 12th Avenue Deerfield Beach, FL 33442 |
| James M. Moran | Director | 100 NW 12th Avenue Deerfield Beach, FL 33442 |
| Janice M. Moran | Director | 100 NW 12th Avenue Deerfield Beach, FL 33442 |
| Patricia G. Moran | Director | 100 NW 12th Avenue Deerfield Beach, FL 33442 |
| Lawrence S. Rich | Director President/Treasurer | 100 NW 12th Avenue Deerfield Beach, FL 33442 |
| John J. Whelan | Secretary | 100 NW 12th Avenue Deerfield Beach, FL 33442 |

KEY TO SYMBOLS USED

| | | |
|-----|---|---------------------------|
| C | ≈ | CHAIRMAN OF THE BOARD |
| P | ≈ | PRESIDENT |
| CFO | = | CHIEF FINANCIAL OFFICER |
| CAO | = | CHIEF ACCOUNTING OFFICER |
| EV | ≈ | EXECUTIVE VICE PRESIDENT |
| SV | ≈ | SENIOR VICE PRESIDENT |
| V | ≈ | VICE PRESIDENT |
| AV | ≈ | ASSISTANT VICE PRESIDENT |
| GC | = | GENERAL COUNSEL |
| S | ≈ | SECRETARY |
| AS | ≈ | ASSISTANT SECRETARY |
| T | ≈ | TREASURER |
| AT | ≈ | ASSISTANT TREASURER |
| GM | = | GENERAL MANAGER |
| AGM | = | ASSISTANT GENERAL MANAGER |
| D | = | DIRECTOR |