

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36922** (3)

1. Corporation Name
JAFFA ROAD (FLORIDA) MANAGEMENT INC.

Principal Place of Business
**205 N MARION
P.O. BOX 1438
TAMPA FL 33602
US**

Mailing Address
**C/O J. BOB HUMPHRIES, ESQ. - FOWLER/WHITE
P.O. BOX 1438
TAMPA FL 33601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/31/1991	3a. Date of Last Report 04/29/1994
4. FEI Number 59-3149602	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	

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 Country
24 Country	25 Zip
29 Country	30 Zip

9. Name and Address of Current Registered Agent
**HUMPHRIES, J. BOB, ESQUIRE
FOWLER, WHITE, GILLEN, ET AL
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when submitting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	JACOBS, FRANK
STREET ADDRESS	161 BAY STREET
CITY, ST, ZIP	TORONTO, ONT., CANADA
TITLE	AS
NAME	MACARTHUR, HUGH A.
STREET ADDRESS	205 N. MARION STREET
CITY, ST, ZIP	TAMPA FL
TITLE	AS
NAME	HUMPHRIES, J. BOB
STREET ADDRESS	501 E. KENNEDY BLVD.
CITY, ST, ZIP	TAMPA FL
TITLE	CD
NAME	JACOBS, FRANK
STREET ADDRESS	161 BAY STREET, BCE PL.
CITY, ST, ZIP	TORONTO, ONT., CANADA
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	300001475083
2.1 TITLE	-05/04/95--01016
2.2 NAME	****200.00 ****200.00
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE: **Bob Humphries, Assistant Secretary** 4/25/95 (813) 222-1173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR