

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

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1996 MAY -1 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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-05/01/96-01062-011  
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PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P36922 (3)**

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

Principal Place of Business Mailing Address

**205 N MARION  
P.O. BOX 1438  
TAMPA FL 33602  
US**

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

3. Date Incorporated or Qualified **12/31/1991** 3a. Date of Last Report **04/28/1995**

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 Country 28 Zip Country

24 Zip Country 29 Zip Country 30

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 **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

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOBS, FRANK</b>	
STREET ADDRESS	<b>161 BAY STREET</b>	
CITY-ST-ZIP	<b>TORONTO, ONT., CANADA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>MACARTHUR, HUGH A.</b>	
STREET ADDRESS	<b>205 N. MARION STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>HUMPHRIES, J. BOB</b>	
STREET ADDRESS	<b>501 E. KENNEDY BLVD.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOBS, FRANK</b>	
STREET ADDRESS	<b>161 BAY STREET, BCE PL.</b>	
CITY-ST-ZIP	<b>TORONTO, ONT., CANADA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: J. Bob Humphries, Asst. Sec.** **4/29/96** **(813) 222-1173**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

*Handwritten signature*