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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36922

(3)

JAFFA ROAD (FLORIDA) MANAGEMENT INC.

APPROVED FILED

97 APR 14 AM 9:48

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Principal Place		Mailing Address			. Bibit dibit bibit sist. bibit i	•••
205 N MARION P.O. BOX 1438		C/O J. BOB HUMPHRIES. P.O. BOX 1438	ESQ FOWLER/WHITE			
TAMPA FL 336		TAMPA FL 33601-1438				
US				3. Date Incorporated or Qualified 12/31/1991	3a. Date of Last Report 05/01/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied	
Cuito Asil	# aas	26 Suita Ant # ata		59-3149602	Not App	
Suite, Apl		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additi	
City & State	ê	City & State		6. Election Campaign Financing	\$5.00 May	
3 70	Country	28 Z <sub>I</sub> p	Country	Trust Fund Contribution	Added to Fed	<del>`                                      </del>
Zip 4]	25	·	30	8. This corporation has liability for it Florida Statutes	intangible tax under s. 199. I Yes	.032,
<u>•1</u>	g. Name and Address of Curre		[30]	10. Name and Address of New Re		
HUN	MPHRIES, BOB J ESQ		81 Name			•
	MLER, WHITE, GILLEN, ET AL		82 Street Addr	ress (P.O. Box Number is Not Acceptab	nie)	
	E. KENNEDY BLVD., SUITE 170	00	OD COLLAGO	reas (i .o. ben italiae) is iten necepial		
TAN	1PA FL 33602		83			
			84 City		85 Zip Code	
			'		FL   T	
office or to	egistered agent, or both, in the State	e of Florida, South Change was a	wide Statutes	· · · · · · · · · · · · · · · · · · ·		tered
2010 MANUEL	to the provisions of Sections 607.05 egistered agent, or both, in the Statt in familiar with, and accept the oblig Superarctered or brinted have of recisional as					terea
SIGNATURE	Signature typed or printed name of registered ag		orida Statutes.  Registered Agent signature requirements		DATE	
SIGNATURE	Styres are typed or printed name of registered ag OFFICERS AN	per Lano title if applicable. (NOT)	E: Registered Agent signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE  DERS AND DIRECTORS IN  Change	12 Addition
SIGNATURE  12.	Signer are typed or printed name of registered ag OFFICERS AN PST JACOBS, FRANK	gent and title if applicable. (NOT) ND DIRECTORS	E: Registered Agent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE  DERS AND DIRECTORS IN  Change	12 Addition
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I. 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 leport in supplied first 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 controlled or this received by the controlled statutes; and that my name anyways in files 12 or Block 13 if diagnoral or only a statement with the orders.

SIGNATURE

Hugh A. MacArthur, Asst. Secretary

4/**7** /97

(813) 866-8299