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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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: **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 33601-1438**

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: **12/31/1991**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-3149602**

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

9. Name and Address of Current Registered Agent

**HUMPHRIES, BOB J ESO
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, FRANK	1.2 NAME	000002141630--0
STREET ADDRESS	161 BAY STREET	1.3 STREET ADDRESS	-04/14/97--01007--016
CITY-ST-ZIP	TORONTO, ONT., CANADA	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	A/S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACARTHUR, HUGH A	2.2 NAME	
STREET ADDRESS	205 N. MARION STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	A/S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHRIES, BOB J	3.2 NAME	
STREET ADDRESS	501 E. KENNEDY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, FRANK	4.2 NAME	
STREET ADDRESS	161 BAY STREET, BCE PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONT., CANADA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten signature: *Hugh A. MacArthur*

Handwritten date: *4-14-97*

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 recipient or trustee employed 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 thereto.

SIGNATURE: **Hugh A. MacArthur, Asst. Secretary** 4/7/97 (813) 866-8299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)