

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:45

DOCUMENT # P39320 (7)

1. Corporation Name
JOFFA CORPORATION

Principal Place of Business Mailing Address
1605 US HWY 1 JUPITER FL 33477 US **5100 CARY STREET ROAD RICHMOND VA 23226**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/19/1992** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-1797612** Applies 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. 199.03, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1605 U.S. HWY 1** 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 **JUPITER, FL**
24 Zip 29 **33477** 30 Country

9. Name and Address of Current Registered Agent
**NATHAN, PETER A.
1555 PALM BEACH LAKES, #1510
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____
Respective typed or printed name of registered agent and the corporation. Name of Registered Agent (Typed or Printed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREYFUSS, ARNOLD H.	12 NAME	
STREET ADDRESS	5100 CARY STREET ROAD	13 STREET ADDRESS	
CITY, ST, ZIP	RICHMOND VA	14 CITY, ST, ZIP	
TITLE	STD	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, FRANK E., JR.	16 NAME	
STREET ADDRESS	330 SOUTH STREET	17 STREET ADDRESS	
CITY, ST, ZIP	MARRISTOWN NJ	18 CITY, ST, ZIP	
TITLE		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY, ST, ZIP		22 CITY, ST, ZIP	
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY, ST, ZIP		26 CITY, ST, ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY, ST, ZIP		30 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemption stated in Section 199.03, Florida Statutes. I further certify that the information indicated on the 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. I am an officer or director of this 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 of this report, or on an alternate form with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/20/95