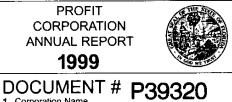
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State **Katherine Harris**

03-04-1999 90031 031 ***150.00

JOFFA C	ORPORATION													
Dringing Place	of Rusiness	Mailing A	ddress							1811 8 1 0168 10110	1 14041 0041 010	III OTOTI BIOTI OTOTI	EKEN DIBU IDEK	
Principal Place of Business Mailing Address 1605 US HWY 1 1605 U.S. HWY 1 JUPITER FL 33477 JUPITER FL 33477														
US US										DO NOT W		HIS SPACE		1
									e Incorporate	ed or Qualife	ed			1
									/19/199 <u>2</u>					
2. Principal Pl	lace of Business	2a. Mailin	ig Address						Number			—	pplied For	
21		26						59	<u>-1797612</u>			 -	ot Applicable	ł
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5. Ce	rtifcate of Sta	tus Desired		FeeR	Additional equired	
City & State	е	City 8	& State						ction Campa	-	ig 🗆	•	May Be	
23		28							st Fund Con				to Fees	}
Zip	Country	Zip		Cou	ntry				s corporation		urrent year	· Intangible ☐ Yes	XINo	l
24	25	29	A	30					sonal Prope	·	v Penister		JALINO .	┨
	9. Name and Address of Current	Registered /	Agent		81	Name		IU. Na	nie and Add	1638 01 110	register	eu Ageilt	•	
	HAN, PETER A 5 Palm Bveach Lakes, #1510				82	Street	Address	s (P.O.	Box Number	is Not Acce	ptable)	·=···		
WES	T PALM BEACH FL 33401				83									1
					84	City					F	85 Zip	Code	1
office or re agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	f Florida. Suc ons of, Section	ch change was a on 607.0505, Fk	authorized orida Statu E: Registered	by tutes.	the corp	oration's	s board	of directors.	i nereby ac	DATE	pointment as n	egistered ——	
12.	OFFICERS AND	DIRECTOR		13.			т	ADD	ITIONS/CHA	INGES TO	OFFICERS	AND DIRECT	ORS IN 12	┨
TITLE	PD		☐ DELETE	1,1 TD	LE						11.	□ Change	☐ Addition	1
NAME	DREYFUSS, ARNOLD H s 4 MALVERN AVE		080	12 NAME			5	115	N. VI	MAGE	WAY			
STREET ADDRESS		JWW /	•• /	1.3 ST	REET	ADDRESS	-	,,,c ,,,,	tou	FI	. /			
CITY-ST-ZIP	RICHMOND VA 23221		☐ DELETE	1.4 CI	IY-SI	- ZIP		<u> </u>	N. Vi iter	<u> </u>	•	Change	Addition	r
TITLE	STD			2.2 NA										l
NAME STREET ADDRESS	WALSH, FRANK E JR. 330 SOUTH STREET					ADDRESS								l
	MARRISTOWN NJ			2.4 C						ه به نصابهٔ (کیهی				l
CITY-ST-ZIP TITLE	VPD			31 TI		1-6,11						☐ Change	☐ Addition	1
NAME			3.2 NA											
STREET ADDRESS	1605 U.S. HWY A			3.3 ST	REET	ADDRESS								
CITY-ST-ZIP	JUPITER			3.4. C	TY-S1	T-ZIP								l
TITLE			☐ DELETE	4.1 TI	ΓLE							☐ Change	☐ Addition	1
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STREET ADDRESS				4.3 ST	REET	ADDRESS			•					
CITY-ST-ZIP				4.4 CI	TY-ST	-ZIP			_					
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NAME				5.2 N	WE									
STREET ADDRESS				5.3 ST	REET	ADDRESS				-				
CITY-ST-ZIP				5.4 CI		r- ZIP]
TITLE			☐ DELETE	6.1 TI								☐ Change	Addition	
NAME				6.2 N/									E Comment	
STREET ADDRESS				6.3 ST	REET	ADDRESS	1						. *	ı

14. I 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

/A. .) [報日] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR