

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

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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000010589 (9)

1. Corporation Name
JFF INVESTMENTS, INC.

Principal Place of Business

1990 HARBOURSIDE DR.
435 S GULFSTREAM AVE
SARASOTA FL 34236
US

Mailing Address

85 COCONUT AVE
SARASOTA FL 34236-5613
US



2. Principal Place of Business		2a. Mailing Address	
21	85 COCONUT AVE.	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Sarasota, FL.	28	
Zip	Country	Zip	Country
24	34236	25	USA
29		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
12/07/1992	05/09/1996
4. FEI Number	Applied For
65-0380296	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	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ICARD MERRILL COLLIS TIMM FUREN & GINSBURG ATTN: CHRISTOPHER K. CASWELL 2033 MAIN ST., SUITE 600 SARASOTA FL		81 Name CASWELL & HARRIS 82 Street Address (P.O. Box Number is Not Acceptable) ATT: CHRISTOPHER K. CASWELL 83 1215 N. Palm Ave 84 City Sarasota FL 85 Zip Code 34236	

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 Chris Caswell, Pres. DATE 5/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, LOIS	1.2 NAME	
STREET ADDRESS	1930 HARBOURSIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, GORDON	2.2 NAME	
STREET ADDRESS	1930 HARBOURSIDE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	2.4 CITY-ST-ZIP	
TITLE	SCHULMAN, LOIS PRES.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	435 S. Gulfstream Ave	3.2 NAME	
STREET ADDRESS	SARASOTA, FL. 34236	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SCHULMAN, GORDON V. PRES.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	435 S. Gulfstream Ave	4.2 NAME	
STREET ADDRESS	SARASOTA, FL 34236	4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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 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

CR2E034 (9/96)