

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

FILED

Jul 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000015600 (8)**

1. Corporation Name  
**JAK'S BBIFF, INC.**

Principal Place of Business  
**38 W OSCEOLA ST  
STUART FL 34994**

Mailing Address  
**38 W OSCEOLA ST  
STUART FL 34994**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/02/1993</b>		3a. Date of Last Report <b>07/03/1996</b>	
21 Suite, Apt. #, etc.		26 <b>329 INDIAN GROVE DR.</b>		4. FEI Number <b>65-0390678</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 <b>STUART FL.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 <b>34994</b>		30 <b>USA</b>	
26		27		28		29	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BOYLE, JAMES F 38 W OSCEOLA ST STUART FL 34994</b>				81 Name <b>BOYLE, JAMES F</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>329 INDIAN GROVE DR</b>			
				83			
				84 City <b>STUART</b> <b>FL</b> 85 Zip Code <b>34994</b>			

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 *J F Boyle* **JAMES F. BOYLE** DIRECTOR DATE **6/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b>
NAME	<b>BOYLE, JAMES F</b>	1.2 NAME	<b>BOYLE, JAMES F</b>
STREET ADDRESS	<b>38 W OSCEOLA ST</b>	1.3 STREET ADDRESS	<b>329 INDIAN GROVE DR</b>
CITY - ST - ZIP	<b>STUART FL 34994</b>	1.4 CITY - ST - ZIP	<b>STUART FL 34994</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *J F Boyle* **JAMES F. BOYLE** 6/25/97 561 287 2253

CR2E034 (9/96)