

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-7-17-96 B-7324-C

DOCUMENT # P93000067053 (7)

1. Corporation Name

JLF HOLDING CORP.

Principal Place of Business

Mailing Address

100 W CYPRESS CREEK RD
STE. 820
FT LAUDERDALE FL 33309
US

100 W CYPRESS CREEK RD
STE. 820
FT LAUDERDALE FL 33309
US



2. Principal Place of Business
21 3009 Greene St
22 Suite Apt #, etc
23 City & State
24 33020
25 USA
26 3009 Greene St
27 Suite Apt #, etc
28 City & State
29 33020
30 USA

3. Date Incorporated or Qualified
09/27/1993
3a. Date of Last Report
07/10/1995
4. FEI Number
65-0527911
5. Certificate of Status Doc red
\$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. 190.032,
Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUSSBAUM, HOWARD J
100 W CYPRESS CREEK ROAD
SUITE 805
FT. LAUDERDALE FL 33309

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

7/9/96

Signature type for principal name of registered agent and director applicable

(NOTE: Registered Agent signature required when he is a director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T1
NAME
STREET ADDRESS
CITY-ST-ZIP
T2
NAME
STREET ADDRESS
CITY-ST-ZIP
T3
NAME
STREET ADDRESS
CITY-ST-ZIP
T4
NAME
STREET ADDRESS
CITY-ST-ZIP
T5
NAME
STREET ADDRESS
CITY-ST-ZIP
T6
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/96

954-724-8000

CR2E034 (3/96)