

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000043487 (5)**

1. Corporation Name  
**JAY LEE ENTERPRISES, INC.**



Principal Place of Business: **1323 S.E. 17 STREET SUITE 304 FT. LAUDERDALE FL 33316**  
Mailing Address: **1323 S.E. 17 STREET SUITE 304 FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **06/10/1994**  
3a. Date of Last Report: **02/24/1995**  
4. FEI Number: **65-0497831**  
Applied 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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**GOODMAN, LEONARD J  
1323 SE 17TH ST  
SUITE 304  
FT LAUDERDALE FL 33316**

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 607.1508, 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: *Leonard J Goodman* (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE: <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>GOODMAN, L.J.</b>	
STREET ADDRESS: <b>29 RANDOM RD</b>	
CITY-ST-ZIP: <b>RYE NH</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE
NAME: <b>DOUGHTY, RALPH</b>	
STREET ADDRESS: <b>170 WASHINGTON ST</b>	
CITY-ST-ZIP: <b>HAVERTHILL MA</b>	
TITLE: <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>GOODMAN, L. J.</b>	
STREET ADDRESS: <b>1323 SE 17TH ST</b>	
CITY-ST-ZIP: <b>FT LAUDERDALE FL</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <b>PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: <b>EDWARD M GOODMAN</b>	
1.3 STREET ADDRESS: <b>29 RANDOM RD</b>	
1.4 CITY-ST-ZIP: <b>RYE N.H</b>	
2.1 TITLE: <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: <b>RALPH DOUGHTY</b>	
2.3 STREET ADDRESS: <b>29 RANDOM RD</b>	
2.4 CITY-ST-ZIP: <b>RYE N.H</b>	
3.1 TITLE: <b>TREA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: <b>EDWARD M GOODMAN</b>	
3.3 STREET ADDRESS: <b>29 RANDOM RD</b>	
3.4 CITY-ST-ZIP: <b>RYE NH</b>	
4.1 TITLE: <b>DIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: <b>LEONARD J GOODMAN</b>	
4.3 STREET ADDRESS: <b>1323 SE 17TH ST</b>	
4.4 CITY-ST-ZIP: <b>FT LAUDERDALE FL 33316</b>	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE: <b>900001753788</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: <b>-03/22/96--01012--009</b>	
6.3 STREET ADDRESS: <b>***200.00</b>	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leonard J Goodman* 2-1-96 DATE Daytime Phone #

CR2E034 (12/95)