

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

**FILED**  
**Feb 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8514 TURNBERRY CT</b> Suite, Apt. #, etc		2a. Mailing Address 26 <b>8514 TURNBERRY Y</b> Suite, Apt. #, etc		3. Date Incorporated or Qualified <b>06/10/1994</b>	
22 City & State 23 <b>DESTIN FL</b>		27 City & State 28 <b>D DESTIN FL</b>		4. FEI Number <b>65-0497831</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip <b>32541</b>		29 Zip <b>32541</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>GOODMAN, EDWARD M                  8514 TURNBERRY COURT                  DESTIN FL 32541</b>		10. Name and Address of New Registered Agent			

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, to 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOODMAN, EDWARD M</b>	1.2 NAME	<b>MICHAEL GOODMAN</b>
STREET ADDRESS	<b>8514 TURNBERRY CT</b>	1.3 STREET ADDRESS	<b>8514 TURNBERRY CT</b>
CITY-ST-ZIP	<b>DESTIN FL</b>	1.4 CITY-ST-ZIP	<b>DESTIN FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGHTY, RALPH</b>	2.2 NAME	
STREET ADDRESS	<b>29 RANDON RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RYE NH</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODMAN, LEONARD J</b>	3.2 NAME	
STREET ADDRESS	<b>1323 SE 17TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>	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 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 in an attachment with an address.

SIGNATURE: *Edward M Goodman* 2-3-98 9042670090

CFR2E034 (1097)