

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

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95 FEB 14 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000044703 (4)**

1. Corporation Name
JAXX, CO.

Principal Place of Business
**11520 SOUTH OPEN COURT
COOPER CITY FL 33026**

Mailing Address
**11520 SOUTH OPEN COURT
COOPER CITY FL 33026**

3. Date Incorporated or Qualified **06/15/1994** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 3500 Magellan Circle	26 3500 Magellan Circle
State Apt #, etc.	State Apt #, etc.
22 #714	27 #714
City & State	City & State
23 North Miami Beach, FL	28 North Miami Beach, FL
Zip	Zip
Country	Country
24 33180 25 U.S.A.	29 33180 30 U.S.A.

4. FEI Number 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

9. Name and Address of Current Registered Agent FRIEDMAN, STEVEN ESO. 245 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024	10. Name and Address of New Registered Agent 81 Name Harvey Zarchin 82 Street Address (P.O. Box Number is Not Acceptable) 3500 Magellan Circle #714 83 North Miami Beach, FL 33180 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: *Harvey Zarchin* (Signature of Registered Agent) DATE: **2-3-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D	NAME GREENBERG, JACK	1. TITLE P/D	2. NAME ZARCHIN, HARVEY
3. STREET ADDRESS 11520 SOUTH OPEN COURT	4. CITY, ST, ZIP COOPER CITY FL 33026	3. STREET ADDRESS 3500 MAGELLAN CIRCLE #714	4. CITY, ST, ZIP NORTH MIAMI BEACH, FL 33180
1. TITLE D	NAME GREENBERG, SHERRI DANIELS	2. TITLE V/D	3. NAME ALAN GOLDBERG
3. STREET ADDRESS 11520 SOUTH OPEN COURT	4. CITY, ST, ZIP COOPER CITY FL 33026	2.3 STREET ADDRESS 19521 N.E. 21st. COURT	3. CITY, ST, ZIP NORTH MIAMI BEACH, FL 33179
1. TITLE	NAME	3.1 TITLE	3.2 NAME JACK GREENBERG
3. STREET ADDRESS	4. CITY, ST, ZIP	3.3 STREET ADDRESS 11520 SOUTH OPEN COURT	3.4 CITY, ST, ZIP COOPER CITY, FL 33026
1. TITLE	NAME	4.1 TITLE S	4.2 NAME SHERRI DANIELS GREENBERG
3. STREET ADDRESS	4. CITY, ST, ZIP	4.3 STREET ADDRESS 11520 SOUTH OPEN COURT	4.4 CITY, ST, ZIP COOPER CITY, FL 33026
1. TITLE	NAME	5.1 TITLE T	5.2 NAME HARVEY ZARCHIN
3. STREET ADDRESS	4. CITY, ST, ZIP	5.3 STREET ADDRESS 3500 MAGELLAN CIRCLE	5.4 CITY, ST, ZIP NORTH MIAMI BEACH, FL 33180
1. TITLE	NAME	6.1 TITLE	6.2 NAME
3. STREET ADDRESS	4. CITY, ST, ZIP	6.3 STREET ADDRESS	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 110.02(4)(b), Florida Statutes. I further certify that the information included 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 at Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **HARVEY ZARCHIN** (Signature and Typed or Printed Name of Signing Officer or Director) DATE: **2-3-95** (205)9371735

2/14/95 usf