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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1996

DOCUMENT # P9400062204 (0)
1. Corporation Name

JACKS	DIG.	Ω	TΔI	INC

Principal Place of Business
430 SW 12TH AVENUE
DEERFIELD BEACH FL 33442

Mailing Address

430 SW 12TH AVENUE DEERFIELD BEACH FL 33442



					3. Date Incorporated or Qualified 08/19/1994	3a. Date of Las 05/01/	-
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEt Number		Applied For
21		26			65-0534961		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Cortificate of Status Desired	1 1 7	75 Additional Be Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	1 1 7 -	.00 May Be Ided to Fees
Zip <b>24</b> ]	Country 25	Zip <b>29</b>	Country 30	у	8. This corporation has liability for Florida Statutes	intangible tax unde	rs 199.032,
<del></del>	9. Name and Address of Curren	<del> </del>	1		10. Name and Address of New F	egistered Agent	***
			81	Name			
GOLDST	EIN, DAVID		82	Street A	Address (P.O. Box Number is Not Acceptab	ole)	
	LA NOVA DRIVE		"	.   0.10011	indicate (i.e. box Hamber to Her Paperto		
BOCA R	ATON FL 33433		83				
			84	City		FL 65	Zip Code
or registere	the provisions of Sections 607.0502 d agent, or both, in the State of Floric , and accept the obligations of, Sect	da. Such change was authorize	s, the above- d by the con	named co poration's l	rporation submits this statement for the pur board of directors. I hereby accept the app	pose of changing in ointrnent as registe	its registered office red agent. I am
SIGNATURE _	ikgnature, typed or printed name of registered agent	and tille if applicable (NOT)	E: Registered Age	ent signature re	cuired when reinstating)	DATE	
12.	OFFICERS AN	O DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	CTORS IN 12
tirLE	D	☐ DELETE	1. 1 TITLE			☐ Chan	ge 🔲 Addition
NAME	GOLDSTEIN, DAVID		1.2 NAME				
STREET ADDRESS	7739 VILLA NOVA DRIVE		1.3 STREE	T ADDRESS			
CiTY-ST-ZiP	BOCA RATON FL 33433		1.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	2. 1 TITLE			Chan	ge 🔲 Addition
NAME	GOLDSTEIN, IRVING		2.2 NAME	·			
STREET ADDRESS	23360 MIRABELLA CIRCLE S	KOUTH	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY -	<del></del>			
TITLE		☐ DELETE	3 1 TITLE			☐ Chan	ige: 🗀 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3. STRE	E1 ADDRESS			
CHTY-ST-ZIP			3 4 CiTY-			<b>5</b> 3.06	
1tTLE		☐ DELETE	4. 1 TITLE	1		☐ Chan	ige Addition
NAME			4.2 NAME	!			
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP		רו הנו נדנ	4.4 CHY-			☐ Chan	nge: Addition
111LE		☐ DELETE	5 1 TITLE				igo 🔲 Addicion
NAME			5.2 NAME				
STREET ADDRESS	,			ET ADDRESS			
CITY - ST - ZIP		[ ] DELETE	5.4 CITY-			☐ Chan	nge
THLE		☐ pecese	6. 1 TITLE				igo El Rodi(IOI)
NAME			6.2 NAME				
STREET ADDRESS				ET ADORESS			
CiTY-ST-ZiP	partify that the information supplied	with this films is voluntarily furni	64 CITY-		lify for the exemption stated in Section 119	07(3)(k) Florida St	atutes I further

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 cath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID GOLDSTEIN/D

4/26/96 (954) 427-0444