FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED
AND
FILED

1997 NOV 25 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000087097 (9)**

1. Corporation Name
JO'S PROPERTIES, INC.

Principal Place of Business	Mailing Address
830 N KROME AVE HOMESTEAD FL 33090	PO BOX 901629 HOMESTEAD FL 33090-1629

3. Date Incorporated or Qualified: **11/28/1994**
3a. Date of Last Report: **08/19/1996**
4. FEI Number: **65-0542258** [ ] 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 6332 S.W. 1st Court
Suite, Apt. #, etc.
22
City & State
23 Plantation, FL 33317
Zip 24 33317 Country 25 U.S.A.

2a. Mailing Address
26 SAME AS 2.
Suite, Apt. #, etc.
27 6332 S.W. 1st Court
City & State
28 Plantation, FL
Zip 29 33317 Country 30 U.S.A.

9. Name and Address of Current Registered Agent
WATKINS, MICHAEL E
830 N KROME AVE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent
81 Name: KATHLEEN H. WATKINS
82 Street Address (P.O. Box Number is Not Acceptable): 16881 S.W. 266 Terr.
83
84 City: Homestead FL 85 Zip Code: 33031

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: Kathleen H. Watkins (Registered Agent Signature required when changed) DATE: 1/22/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[ ] DELETE
NAME	GUY, BENJAMIN	
STREET ADDRESS	~~830 N KROME AVE~~ 6332 SW 1st Court	
CITY-ST-ZIP	~~HOMESTEAD FL~~ PLANTATION, FL 33317	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

300002386456Mar-[illegible]
-12/05/97--01101--017
****750.00 ****750.00

[ ] Change [ ] Addition

REINSTATEMENT 11/25/97

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

CR2E024 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: [signature] 1-954-791-1176