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

CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P95000005797 (2) **DOCUMENT** #

JACK'S IN THE GABLES, INC.

14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the receivements to block 12 or Block 13 if changed, or on an attack.

SIGNATURE:

Principal Place of Business Mailing Address												I CABLIANDI IIN SEINI ASUN ARUN					H 1864 1861	
460 BILTMORE WAY CORAL GABLES FL 33134 US					460 BILTMORE WAY CORAL GABLES FL 33134 US						DO NOT WRITE IN THIS SPACE							
												Date incorporated or Qu	alified					
2. Principal Place of Business					2a. Mailing Address						01/23/1995 4. FEI Number Applied For							
21				· · · ·	26					ŀ	٠.	65-0559310					t Applica	
Suite, Apt. #, etc.					Suite, Apt. #, etc.										\$	·	Additional	
22				27	27						6.	Certificate of Status Desi	red		•	Fee Re		·
	City & State				City & State						6.	Election Campaign Finar	cing			5.00	May Be	
23				28	28							Trust Fund Contribution				Added		
_	Zip	Country						Country			-	This corporation owes or			_	_	_ ~	
24			and Address o	Current Real			30					Personal Property Tax do Name and Address of I			Ye		No	
	A P1			Collent neg	ISIDIOU AU	P111		11	Name		10.	Marite and Address of I	IOW I	ioāis te	HOU AGE	<u></u>		
LEHRMAN, JEFFREY E																		
2699 S. BAYSHORE DRIVE, SUITE 300D							1	82 Street Add			s (P.	O. Box Number is Not A	cepta	able)				
MIAMI FL 33133								83										
																· · · · · ·		
								34	City						FL 84	i Zip (Code	
11.	Pursuant t	to the provisi	ions of Sections	607.0502 and	607.1508, F	torida Statute	es, the ab	ove	-named o	corpore	ation	submits this statement f	or the			nging it	s register	ed
	agent. La	egistered ag m familiar wi	ient, or both, iri t th, and accept t	he State of Ho he obligations	rida Such o of, Section i	change was a 607.0505, Fic	authorized orida Statu	by tes.	the corp	poration	rs bo	n submits this statement food of directors. I hereb	y acc	ept the	appointr	nent as	registere	a
	SNATURE																	
		Signature, typed	or printed name of re-			(NOT)	Registered	Ager	nt signature r	required v		 			ATE			
12.		Þ	OFFIC	ERS AND DIRE		T DELETE	13.		···	ı	A	DDITIONS/CHANGES TO	OFF	ICERS				*:
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			GABLES FL															
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NAM	E						6.2 NAM	IE										
STRE	ET ADDRESS						6.3 STR	EETA	ADORESS									i

by qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in