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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000067635 (9)

J.F. ENTERTAINMENT, INC.

**FILED** Apr 27 1998 8:00am Secretary of State



Principal Pla	ce of Business	Mailing Address					
684 GLADW		252 E SEMORAN BLVD					
FERN PARK	( FL 32730	#523			DO NOT WRITE IN THIS SPACE		
		CASSELBERRY FL 32707 US			3. Date Incorporated or Qualified	3 31 700	
		00			08/31/1995		
2. Principal	Place of Business	2a, Mailing Address			4. FEI Number		pplied For
21		26 684 GLAOWIN AUT.		50-3334623	<b>59-3334623</b> Not Applie		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional	
22		27		5. Certificate of Status Desired	Fee R	lequired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28 FERN PARK, +L		Trust Fund Contribution Added to Fees			
<b>Z</b> ip	Country	Zp 0 0 20	Country	٠ ٨	8. This corporation owes or has paid the c		
24	25			>/ <sup>*</sup>	Personal Property Tax due June 30.		No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registere	d Agent	
	DWARDS, JAMES F II		81	Name			
684 GLADWIN AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
FERN PARK FL 32730							
			83				
•			84	City		<b>85</b> Zip	Code
	_			,	F	┗╎┆╵	
11. Pursuan	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	e-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing	its registered
agent. I	am familiar with, and accept the oblig-	ations of, Section 607.0505, Flori	da Statutes	r ine corpora 5.	ation's poard of directors. Thereby accept the ap	spontment as	s registered
SIGNATURE							
	Signature, typed or printed name of registered agr			nt signature requ	uired when reinstating) DATE		, _,
12.	OFFICERS AN		13. 1.1 TUTLE	<del></del>	ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	D STANFORM	DELETE				L Change	Addition
NAME	EDWARDS, JAMES F II		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	FERN PARK FL 32730		1.4 CITY - S	T - ZIP			1
TITLE			2.1 TITLE			☐ Change	Addition
NAME	1		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-5	ST - ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	DELETE		3.1 TITLE			L Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			34. CITY-5	ST - ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	☐ DELETE		4.1 TITLE			∐ Changê	Addition
NAME			4.2 NAME	ĺ			
STREET ADDRESS			43 STREET	ADDRESS			
CFTY-ST-ZIP			44 CITY-S	T - ZIP		<del> </del>	
TITLE	DELETE		51 TITLE			L Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	54 CITY-S	T-ZiP			
TITLE		L.) DELETE	61 TITLE			L Change	Addition
NAME			62 NAME				
STREET ADDRESS	1		6.3 STAEFT	ADDRESS			
CITY-ST-ZIP	<u> </u>		6.4 CITY-S	T-ZIP			
14. I hereby	certify that the information supplied w	ith this filing does not qualify for	the exemp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made u	certify that the	e information
officer or		civer or trustee empowered to ex			dre shall have the same legal effect as it made to quired by Chapter 607, Florida Statutes; and tha		