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

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 98 JAN 14 PM 2: 29 1998 DOCUMENT # P950000 77053 SECRETARY OF STATE TALLAHASSEE, FLORIDA JAKS DISTRIBUTORS INC Principal Place of Business Mailing Address 4178 NW 55 PL SAME BOCA RATON, Ff. 33496 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/7/95 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For SAME 4178 NW 55 PC Suite, Apt. #, etc. 65-0618137 21 Not Applicable Suite. Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be BOCA 23 \Box RATON Trust Fund Contribution Added to Fees Zıp 8. This corporation owes or has paid the current war Inlangible Personal Property Tax due June 30. Pres No --Country A No -- not 33496 Personal Property Tax due June 30. 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) Jesspey I. GOVE 82 4178 NW 55 PC 83 BOCA RATION, F.f. 33496 84 33496 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 objections of, Section 607.0505, Florida Statutes. SIGNATUR (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 1111.6 Change Addition PRESIDENT JEFFRIG I. STONE NAME 1.2 NAME 12W55 PC 33496 200002401852-STREET ADDRESS 1.3 STREET ADDRESS -01/15/98--01083--004 CITY-ST-ZIP 1.4 CHTY - ST - ZIP ☐ DELETE TREASURER ****150.000 (****150.000) TITLE 2 1 THILE JEARRY 2. STOUL NAME 2.2 NAME 4178 NW 55 PC BOCA RATION, FR. 33496 STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-\$1-ZIP TITLE ☐ DELETE Change Add tion 3.1 TITLE SECRETARY NAME . 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE TITLE Change 4.1 THE Addition TETTREY I. STONE NAME 4.2 NAME 4178 NW 55 AC STREET ADDRESS 4.3 STREET ADDRESS RATON [A. 33496 CITY - ST - ZIP 4.4.011Y - ST - ZIP DELETE THILE 5.1 MILE Change Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY+ST+ZIP TITLE □ DELETE 6.1 100 6 Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CiTY+ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Therefore 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 communication or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 ill-manged or or an attachment with grindress. (561) 989-8977 ou JUSF STUVE SIGNATURE: