

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000084119 (3)

1. Corporation Name
JEFF'S CAFES, INC.



Principal Place of Business Mailing Address
~~5600 GULF BLVD.~~ 5600 GULF BLVD.
~~ST. PETERSBURG BEACH FL 33706~~ ST. PETERSBURG BEACH FL 33706-2248

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1704 East 7th Avenue		26		11/02/1995		03/26/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Tampa FL		28		59-3344935		Not Applicable	
24 33605		29		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ANDREWS, SHERYL H
5600 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERMAN, RICHARD E			1.2 NAME			
STREET ADDRESS	5600 GULF BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706			1.4 CITY-ST-ZIP			
TITLE	CEO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIVENS, JEFFREY			2.2 NAME			
STREET ADDRESS	310 DAVENPORT ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	TORONTO ONTARIO M5R 1K6			2.4 CITY-ST-ZIP			
TITLE	VSTD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNEY, TOM			3.2 NAME			
STREET ADDRESS	5600 GULF BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOTH, DREW			4.2 NAME			
STREET ADDRESS	5600 GULF BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUERSACHS, BOB			5.2 NAME			
STREET ADDRESS	5600 GULF BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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

CR2E034 (9/96)