

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000084764 (6)

1. Corporation Name

JAFFEE COE ENTERPRISES, INC.



Principal Place of Business

6254 NW 23RD STREET
BOCA RATON FL

33434

Mailing Address

6254 NW 23RD STREET
BOCA RATON FL

33434

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 33434

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 33434

Country

3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

4. FEI Number

65-0621562

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

9. Name and Address of Current Registered Agent

HELMAN, NANCY
6254 NW 23RD STREET
BOCA RATON FL

33434

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 of officer or director (if shareholder is not the registrant)

Signature of Registered Agent (if not the registrant)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
HELMAN, NANCY
STREET ADDRESS
6254 NW 23RD ST
CITY-ST-ZIP
BOCA RATON FL 33434

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

☐ Change

☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

☐ Change

☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

☐ Change

☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/94

(800) 748-9993

CR2E034 (12/95)