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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000097475 (4)

JPF, INC.

| Principal Place of Business Mailing Address                   |  |  |                         |               |  | T TOBRESON I STAN TOLON MENTE NOTEL NOTIFI MONTH MONTH TORRES SONS FUNDIT ON  | MI MILLIAN                                 |  |
|---|--|--|-------------------------|---------------|--|---|--|--|
| 555 SOUTH FEDERAL HIGHWAY<br>SUITE 350<br>BOCA RATON FL 33432 |  | 555 SOUTH FEDERAL HIGHWAY<br>SUITE 350<br>BOCA RATON FL 33432-6033 |                         |               |  |   |  |  |
|   |  |  |                         |               |  | 3. Date Incorporated or Qualified 3a. Date of Last 02/20/1995   |  |  |
| ····i   | ace of Business  | 2a. Mailing Address  |                         |               |  | i   | opplied For<br>lot Applicable              |  |
| 21 Suite, Apt. #  | t elc  | Suite, Apt. #. etc.  |                         |               |  | - \$8.75  | Additional                                 |  |
| 22  |  | 27   | ******                  |               |  | Le Contitionto of Statue Desired  | Certificate of Status Desired Fee Required |  |
| City & State  | 1  | City & State   |                         |               |  |   | May Be                                     |  |
| 23  |  | 28   |                         |               |  |   | to Fees                                    |  |
| Zip   | Country  | Zip  |                         | intry         |  | <ul> <li>6. This corporation has liability for intangible tax under<br/>Florida Statutes</li> <li>Yes</li> <li>No</li> </ul>            | s. 199.032,                                |  |
| 24  | 25  <br>g. Name and Address of Curren  | 29 <br>t Registered Agent  | 30                      | Ι             |  | 10. Name and Address of New Registered Agent  |  |  |
| -DEC  | ALCO, FRED-  |  |                         | 61            | Name   | e   |  |  |
| 555 SOUTH FEDERAL HIGHWAY                                     |  |  |                         | 82            | Street Address (P.O. Box Number is Not Acceptable) |   |  |  |
| SUITE 350   |  |  |                         |               |  |   |  |  |
| BOC   | CA RATON FL 33432  |  |                         | 83            |  |   |  |  |
|   |  |  |                         | 84            | City   | B5 Zij  | Code                                       |  |
|   |  | 0 1007 4500 FL : 1 Out   |                         | Ш             |  | FL <sup>C</sup>   | ita vaniatarad                             |  |
| 11. Pursuant to office or re                                  | o the provisions of Sections 607,050<br>egistered agent, or both, in the State   | of Florida. Such change was  | ies, ine a<br>authorize | d by          | the cor  | ed corporation submits this statement for the purpose of changing<br>prporation's board of directors. I hereby accept the appointment a | s registered                               |  |
| agent Lar   | n familiar with, and accept the obliga   | ations of, Section 607.0505, FI                                    | orida Sta               | tutes<br>4    | ,<br>  | As lon  |  |  |
| SIGNATURE   | Su provisti a de la constitución | nt and the if applicable (NO                                       | TE: Registere           | d Ane         | at signature                                       | ure required when reinstating) DATE   |  |  |
| 12.   | OFFICERS ANI   |  | 13.                     |               |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO   | RS IN 12                                   |  |
| TITLE   | D  | DELETE   | 1.1 T                   | TLE           |  | ☐ Change  | Addition                                   |  |
| NAME  | KING, JAMES  |  |                         | 1.2 NAME      |  |   |  |  |
| STREET ADDRESS  | 4580 NW 24TH WAY   |  | 1.3 STREET ADDRESS      |               | address  | s [   |  |  |
| CITY-ST-ZIF   | BOCA RATON FL 33431  |  |                         | ITY - S       | T-ZIP  |   | Additor                                    |  |
| TITLE   | D CHARLE CHARLES   | <b>™</b> DELETE  | 2.1 T                   |               |  | L.J Change  | Addition .                                 |  |
| NAME  | SHANE, CHARLES  1201 SOUTH OCEAN DR. #21   | 111 N  | 22 N                    |               | * PDOCCC   |   |  |  |
| STREET ADORESS  | HOLLYWOOD FL   | 111 (4)  |                         | OTY-S         | ADDRESS  | 5   |  |  |
| DITY-ST-7IP   | D  | DELETE   | 31 T                    |               | II - ZIF   | Change  | Addition                                   |  |
| NAME  | DEFALCO, FRED  | -  | 3.2 N                   |               |  |   |  |  |
| STREET ADDRESS  | 555 SOUTH FEDERAL HIGHW  | AY, SUITE 350  | 3.3 S                   | TREET         | ADORESS  | s !   |  |  |
| CITY - S1 - ZIP   | BOCA RATON FL 33432  | •  | 3.4. 0                  | CITY-S        | T-ZIP  |   |  |  |
| TITLE   |  | DELETE   | 4.1 T                   | ITLE          |  | PARCTUR Change  | Addition                                   |  |
| NAMÉ  |  |  | 4.21                    | MAME          |  | NANCY KING<br>S #580 HW BYTH WAY  | -  |  |
| STREET ADDRESS  |  |  |                         |               | adoress  | S 4580 NW BYTH WAY  |  |  |
| City-S1-7IP   |  | T DECETE   |                         | ITY-S         | T-ZIP  | BACA ZATON, F4. \$3451  | Addition                                   |  |
| Tiff  |  | ☐ DELETE   | 5.1 }                   |               |  | Change  | - L. AUGIBUR                               |  |
| NAME<br>CYNES I ARRESCEO                                      |  |  | 5.2 N                   |               | ADDECC   | e   |  |  |
| STREET ADDRESS  |  |  |                         |               | ADDRESS  | 9   |  |  |
| CITY - ST - 7(P<br>TITLE                                      |  | DELETE   | 5.4 L<br>6.1 T          | ITY-S<br>ITLE | 1 - LIF  | Change  | Addition                                   |  |
| NAME  |  |  | 621                     |               |  |   |  |  |
| STREET ADDRESS  |  |  |                         |               | ADDRESS  | s   |  |  |
| CITY-ST-ZIP   |  |  | 640                     | iTY-S         | T · ZIP  |   |  |  |
| at I do borch   | by certify that the information supplie  | d with this filing does not qua                                    | lify for the            | exe           | motion:  | n stated in Section 119.07(3)(i), Florida Statutes. I further certify the   | at the                                     |  |
| l am an of  | in indicated on this annual report or s<br>flicer or director of the corporation of<br>n Block 12 or Block 13 if changed, o  | the receiver or trustee empo                                       | wered to                | exec<br>exec  | irate and<br>oute this                             | nd that my signature shall have the same legal effect as if made is report as required by Chapter 607, Florida Statutes; and that my    | name                                       |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EGAINS OFFICER OR DIRECTOR

1/1/97

(561) 362-78-9

**FILED** 

Mar 07 1997 8:00am

Secretary of State