

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

FILED
May 16 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P96000004070 (4)**

1. Corporation Name
THE JOHN/JAKI GROUP, INC.



| | |
|---|--|
| Principal Place of Business 10031 PINES BLVD., STE. 215 PEMBROKE PINES FL 33024 | Mailing Address 10031 PINES BLVD., STE. 215 PEMBROKE PINES FL 33024-6169 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/10/1986 | 3a. Date of Last Report N/A |
| 4. FEI Number 65-0640652 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|---|
| 2. Principal Place of Business 21 10031 PINES BLVD Suite, Apt. #, etc. 22 SUITE 213 City & State 23 PEMBROKE PINES FL Zip 24 33024 | 2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 BRWD |
|---|---|

9. Name and Address of Current Registered Agent
**HISHMEH, JOHN Y
8641 SW 16 COURT
PEMBROKE PINES FL 33025**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HISHMEH, JOHN Y | |
| STREET ADDRESS | 8641 SW 16 COURT | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33025 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | HISHMEH, JACQUELINE | |
| STREET ADDRESS | 8641 SW 16 COURT | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33025 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HISHMEH, JANETTE | |
| STREET ADDRESS | 8641 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | HISHMEH JANETTE R. | |
| 1.3 STREET ADDRESS | 8641 SW 16 CT. | |
| 1.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33025 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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: **John Y. Hishme** **5/1/97** **954-436 0064**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)