

| | | | |
|---|------------------------|--|------------------|
| DOCUMENT # P96000014756 | | | |
| 1. Entity Name | | | |
| D. JAFFE INVESTMENTS, INC. | | | |
| Principal Place of Business | | Mailing Address | |
| 11350 WING FOOT DR BOYNTON BEACH FL 33437 | | 11350 WING FOOT DR BOYNTON BEACH FL 33437-1625 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| KIRSCHNER, MITCHELL B 2101 CORPORATE BLVD. SUITE 300 BOCA RATON FL 33431 | | | Name |
| | | | Street Address (|
| | | | |
| | | | City |
| 8. The above named entity submits this statement for the purpose of changing its registered office or register | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required)</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE | PSTD | <input type="checkbox"/> Delete | TITLE |
| NAME | JAFFE, DONALD | | NAME |
| STREET ADDRESS | 11350 WING FOOT DR | | STREET ADDRESS |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | | CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> Delete | TITLE |
| NAME | | | NAME |
| STREET ADDRESS | | | STREET ADDRESS |
| CITY-ST-ZIP | | | CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> Delete | TITLE |
| NAME | | | NAME |
| STREET ADDRESS | | | STREET ADDRESS |
| CITY-ST-ZIP | | | CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> Delete | TITLE |
| NAME | | | NAME |
| STREET ADDRESS | | | STREET ADDRESS |
| CITY-ST-ZIP | | | CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> Delete | TITLE |
| NAME | | | NAME |
| STREET ADDRESS | | | STREET ADDRESS |
| CITY-ST-ZIP | | | CITY-ST-ZIP |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.1 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, F.S., changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |

SECRET

| | |
|------------------------------------|----------------|
| 4. FEI Number 65-0714479 | Applied For |
| | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | |
|---|--|----|
| <p>KIRSCHNER, MITCHELL B 2101 CORPORATE BLVD. SUITE 300 BOCA RATON FL 33431</p> | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | | |
| | City | FL |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p> | <p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD JAFJE, DONALD 11350 WING FOOT DR BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:  ✓ 3-15-00 302-792-2737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DONALD H. JAFFEY Date Daytime Phone #

CR2E034 (9/99)