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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059115 (1)

JE & F REALTY CORP.

Principal Pi	ace of Busines	is	Mailin	Mailing Address				
ì '	ENTERPRISE DE		475 !	475 N.W. ENTERPRISE DRIVE UNIT B				}
PORT ST. LUCIE FL 34986				PORT ST. LUCIE FL 34986				
								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 07/15/1996
2. Principa	l Place of Busi	ness	2a. Ma	2a. Mailing Address				4. FEI Number Applied For
21			26					65-0693698 Not Applicable
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		·	27					Fee Required
City & St	tate		<u></u> ⊢¬	City & State				6. Election Campaign Financing \$5.00 May Be
23				Zip Country				Trust Fund Contribution L Added to Fees
Zip		Country	Zip)		ıntry		8. This corporation owes or has paid the current year Intangible
24	A Name	25 and Address of Curi	29 Pagistara	d Agent	[30]			Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent
			ont negistere	in wheth		81	Name	10. Italine and Address of New Hegistered Agent
	AFER, JEFFI		ut o			"	Hanne	
475 N.W. ENTERPRISE DRIVE UNIT B PORT ST. LUCIE FL 34986						82	Street A	Address (P.O. Box Number is Not Acceptable)
, F	ORI SI. LU	CIE FL 34986				83		
						03		
						84	City	B5 Zip Code
						Ш		FL E E E FL E FL
11. Pursual office o	nt to the provis ir registered ac	sions of Sections 607.0 sent or both, in the Str	502 and 607.1 ite of Florida	508, Fiorida Statu Such change was	iles, the a authorize	d by	e-named (the com	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
agent.	l am fa miliar w	ith, and accept the ob	igations of, Se	ction 607.05 0 5, Fi	lorida Sta	tutes		,
SIGNATURE								
	Signature, lyped	for profed name of registered				d Age	nt signature i	required when reinstating) DATE
12.		OFFICERS A	ND DIRECTO	DELETE	13.	T) F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE		ICCCDV		☐ DELETE		1.1 TITLE		E change E Addition
NAME LAFER, JEFFRY STREET ADDRESS 475 N.W. ENTERPRISE DRIVE			ACTIMIT D	LINIT R				
DODT OT LUCIE EL 24000			TE ONLY D				ADDRESS	
CITY-ST-ZIP	D	ILLUCIE FL 34800		DELETE		(TY-\$1	r · ZIP	Change D Addition
TITLE		ELEONORE		☐ DELET E	2.1 70			Change Addition
NAME	476 ALM		Æ HAPT D	I INIT B		AME		
STREET ADDRESS	DODE OF LUCIE EL 04000			ONIT		TREET.	ADDRESS	<u> </u>
CITY-ST-ZIP		I. LUCIE PL 34800		- Course		ITY-S	T-Z∤P	
TITLE	D LAFER,	EVELVAL		DELETE	3 1 Tř] Change] Addition
NAME	478 N M		Æ HAUT D		3.2 N/			
	STREET ADDRESS 475 N.W. ENTERPRISE DRIVE PORT ST. LUCIE FL 34986			OINI B		3.3 STREET ADDRESS		
CITY-ST-ZIP	PURIS	1. LUCK FL 34900		- Displaye		ITY-S	<u>1-</u> ZIP	
TITLE				☐ DELETÉ	4.5 TI		ļ	☐ Change ☐ Addition
NAME	!				4. 2 N		ĺ	
STREET ADDRESS	STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP					4.4 CITY - S1 - ZIP		- ZIP	
TITLE				DELETE	5.1 Tr		- 1	Change Addition
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP					5 4 CI	TY-SI	- ZIP	
TITLE				☐ DELETE	6.1 7/1	TLE		Change Addition
NAME					6.2 NA	AME		
STREET ADDRESS	s				6.3 S1	IREET A	ADDRESS	

14. 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 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 receiper 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 attagriment with an address.

ELEONORE LAFER

FILED

Feb 11 1998 8:00am

Secretary of State