

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

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000079590 (1)

1. Corporation Name
J.F.F.G. ENTERPRISES, INC.

Principal Place of Business 100 N.E. 3RD AVENUE SUITE 850 FORT LAUDERDALE FL 33301	Mailing Address 100 N.E. 3RD AVENUE SUITE 850 FORT LAUDERDALE FL 33301
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/24/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0700146 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	--	---

9. Name and Address of Current Registered Agent

SHAHADY, THOMAS R
100 N.E. 3RD AVENUE
SUITE 850
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																				
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>FRANCIS, JOHN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>100 N.E. 3RD AVENUE #850</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>FORT LAUDERDALE FL 33301</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	FRANCIS, JOHN		STREET ADDRESS	100 N.E. 3RD AVENUE #850		CITY-ST-ZIP	FORT LAUDERDALE FL 33301		<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr></table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE																			
NAME	FRANCIS, JOHN																				
STREET ADDRESS	100 N.E. 3RD AVENUE #850																				
CITY-ST-ZIP	FORT LAUDERDALE FL 33301																				
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
1.2 NAME																					
1.3 STREET ADDRESS																					
1.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr></table>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
2.2 NAME																					
2.3 STREET ADDRESS																					
2.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr></table>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
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																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr></table>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
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																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr></table>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
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																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
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 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 E. FRANCIS 3/30/98 954-463-4256

CR2E034 (10/97)