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

FILED Mar 12 1998 8:00am Secretary of State

DOCUN 1. Corporation JIGSAW	MENT # n Name V DEVELOPM	P97000 ENT CORP.	03134	17 (2)								
Principal Place	e of Business		Mailing Add	dress				10011001 100 1846 1884 BEAG 0018	EBIH KUMA INT	 	300 1001	
288-Z SMITH SUNDY RD. 288-Z SMITH SUNDY RD.												
DELRAY BEAC				EACH FL 3344								
								DO NOT WRI		PACE		
								3. Date Incorporated or Qualified	I		1	
A D 3-3 3 D	lace of Business	· · · · · · · · · · · · · · · · · · ·	12-14-14		+-,-			04/07/1997				
- - 1	IACE OF BUSINESS	2a. Mailing Address					4. FEI Number			plied For		
Suite, Apt. 1	# etc	Suite, Apt. #, etc.					65-0753812		\$8.75 A	Applicable		
22	W , O .O.	27					5. Certificate of Status Desired		Fee Re			
City & State	9	City & State					6. Election Campaign Financing		\$5.00			
23			28					Trust Fund Contribution		Added to		
Zip Country			Zip Country				8. This corporation owes or has	paid the cur				
24	25			29 30				Personal Property Tax due June 30. Yes No				
		Address of Current	Registered Ag	enl				10. Name and Address of New I	legistered /	\gent		
	NBACH, GEOF				81	Name					J	
500 E. BROWARD BLVD., STE. 1950					62 Street Addr			s (P.O. Box Number is Not Accept	able)			
FT. LAUDERDALE FL 33394												
					83	ļ						
					84	City		FL 85 Zip Code				
11. Pursuant to	to the provisions o	of Sections 607.0502	and 607.150B,	Florida Statu	les, the abov	l _ e-named	corpo	ration submits this statement for the		changing its	registered	
office or re agent. I ar	egistered agent, c m familiar with, an	or both, in the State c nd accopt the obligat	f Florida. Such ions of, Section	change was 607.0505, Fl	authorized by orida Statute	the cor s.	poratio	n's board of directors. I hereby acc	ept the app	ointment as r	registered	
SIGNATURE .												
12.	Signature, typed or print	OFFICERS AND		e (NO	13.	ent signature	e required	when reinslating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	- INI 12	
TITLE	D	OTTION OF THE	TAINE OTOTIO	DELETE	1.1 TOLE		D	ADDITIONS/CHANGES TO OF	ICENS AND	Change	X Addition	
NAME	WOLF, STEV	'EN	•		1.2 NAME			nens.Richard			11	
STREET ADDRESS	200 7 CHITH CHNOV DO			1.3 STREET ADDRESS			40	20 N. Federal Highway	Cita	202 F		
CITY-ST-ZIP		ACH FL 33446					100	Det El Trille	יאורווב	WL-		
TITLE				DELETE	1.4 CiTY-1	91 - ZIP	DOS	a Katon, ICL 33 331		Change	Addition	
NAME				L.J DELETT	22 NAME							
STREET ADDRESS					2.3 STREET	Arvonecc	ì					
CITY-ST-ZIP					2.4 CITY-		1				i	
TITLE				DELETE	3.1 TITLE	31 - ZIP	 			Change	[] Addition	
NAME			•		3.2 NAME							
STREET ADDRESS					3.3 STREET	#UDBtes					Į.	
CITY-\$1-ZIP					3.4. CITY-						Ì	
TITLE				DELETE	4.1 TITLE	DI LI	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME					4.2 NAME		ĺ			_ ,	_	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					4.4 CITY -		1	0.5				
TITLE	DELETE		5.1 TITLE					Change	Addition			
NAME			•		5.2 NAME		[- •		
STREET ADDRESS					5.3 STREET	ADDRESS					1	
CITY-ST-ZIP					5.4 CITY-1							
TITLE		····		DELETE	61 TITLE		1			Change	Addition	
NAME			·		6.2 NAME		1					
STREET ADORESS					6.3 STREE	ADDRESS						
1					6.4 CITY-							
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 of 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 corpus to give receive or trustee in empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chartier or director of the receiver of trustee and that my name appears in the statute of the receiver of the receiver of the receiver of trustee.

SIGNATURE:

the thoy

9/98 296 1250