


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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000049774 (7)

1. Corporation Name

JF DREXL FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 410 LEE BLVD LEHIGH ACRES FL 33936		Mailing Address 410 LEE BLVD LEHIGH ACRES FL 33936	
2. Principal Place of Business 21 205 JOEL BLVD Suite, Apt. #, etc. Suite 300 22 City & State Lehigh Acres 23 Zip 33972 24 Country FL		2a. Mailing Address 26 546 P.O. Suite, Apt. #, etc. 27 City & State Lehigh Acres 28 Zip 33972 29 Country FL	

3. Date Incorporated or Qualified 06/05/1997	
4. FEI Number 65-0783456	Applied For 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 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 PELZER, GERHARD 817 JEFFERSON AVE LEHIGH ACRES FL 33936	
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81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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)

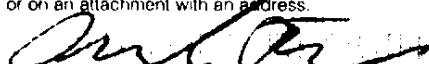
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PS
NAME	FRANZ, DREXL
STREET ADDRESS	410 LEE BLVD
CITY-ST-ZIP	LEHIGH ACRES FL 33936
TITLE	VT
NAME	YUTTA, DREXL
STREET ADDRESS	410 LEE BLVD
CITY-ST-ZIP	LEHIGH ACRES FL 33936
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	205 JOEL BLVD
1.4 CITY-ST-ZIP	LEHIGH ACRES, 33972
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YUTTA DREXL
2.3 STREET ADDRESS	205 JOEL BLVD
2.4 CITY-ST-ZIP	LEHIGH ACRES, 33972
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 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:



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CP2E034 (10/97)