

4-24-98 B-5498-C  
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Apr 24 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 # P97000083617 (5)

1. Corporation Name  
JAY'S JUNGLES, INC.



Principal Place of Business  
2155 GREENVIEW COVE DR.  
WELLINGTON FL 33414

Mailing Address  
2155 GREENVIEW COVE DR.  
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2107 PARKER AVE Suite, Apt. #, etc. 22 City & State 23 WEST PALM BEACH FL Zip 24 33401		2a. Mailing Address 26 2107 PARKER AVE Suite, Apt. #, etc. 27 City & State 28 WEST PALM BEACH FL Zip 29 33401		3. Date Incorporated or Qualified 09/26/1997		4. FEI Number 65-0785364 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		7. 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

PETIYA, JOHN J JR.  
2155 GREENVIEW COVE DR.  
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	PETIYA, JOHN A SR.	1.2 NAME	
STREET ADDRESS	2155 GREENVIEW COVE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	PETIYA, JOHN A JR.	2.2 NAME	
STREET ADDRESS	2155 GREENVIEW COVE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied on this form 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 J. Petiya Jr 4/20/98 561-837-6124

CR2E034 (10/97)