

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

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000

FILED

00 APR 28 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000584

1. Corporation Name
JUNGLE JORGE, INC.

Principal Place of Business
408 E. MADISON STREET
TAMPA FL 33602

Mailing Address
408 E. MADISON STREET
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/02/1998

2. Principal Place of Business
21 4830 W Kennedy Blvd

2a. Mailing Address
26 4830 W Kennedy Blvd

4. FEE Number Applied For
XX Not Applicable

Suite, Apt. #, etc.
22 Ste 350

Suite, Apt. #, etc.
27 Ste 350

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23 Tampa FL

City & State
28 Tampa FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country
24 33609 25

Zip Country
29 33609 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELENDI, JOSEPH E
408 E. MADISON STREET
TAMPA FL 33602

81 Name MELENDI, JOSEPH E
82 Street Address (P.O. Box Number is Not Acceptable) 300 NORTH FRANKLIN STREET
83 SECOND FLOOR
84 City TAMPA FL 85 Zip Code 33609

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MELENDI, JOSEPH E
STREET ADDRESS	408 E. MADISON STREET
CITY-ST-ZIP	TAMPA FL 33602
TITLE	PST <input type="checkbox"/> DELETE
NAME	WEIS, STEPHEN N
STREET ADDRESS	4830 W KENNEDY BLVD STE 350
CITY-ST-ZIP	TAMPA FL 33609
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	200003239202--7
1.4 CITY-ST-ZIP	-05/04/00--01022--010 ***150.00***
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
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	SP
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, on an attachment with an address, with all other like empowered.

SIGNATURE Stephen N Weis, President 4/19/00 813-286-4069
DATE DAYTIME PHONE #

CR2F034 (11/01)