

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01 1997 8:00am
Secretary of State

DOCUMENT # **S17000** (8)

1. Corporation Name

JEFF JOHNSON INSURANCE AGENCY, INC.



Principal Place of Business 4242 N FEDERAL HWY FT LAUDERDALE FL 33308		Mailing Address 4242 N FEDERAL HWY SUITE C FT LAUDERDALE FL 33308-5549 US		3. Date Incorporated or Qualified 12/03/1990		3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21 3000 E. COMMERCIAL BLVD. Suite, Apt. #, etc.		2a. Mailing Address 26 3000 E. COMMERCIAL BLVD. Suite, Apt. #, etc.		4. FEI Number 65-0233078		Applied For Not Applicable	
22 FT. LAUDERDALE, FL. City & State		27 FT. LAUDERDALE, FL. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 33308 Zip		28 BROWARD Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33308		25 BROWARD		29 33308		30 BROWARD	
9. Name and Address of Current Registered Agent JOHNSON, JEFF 4242 N FEDERAL HWY FT LAUDERDALE FL 33308				10. Name and Address of New Registered Agent			
				81 Name JOHNSON, JEFF			
				82 Street Address (P.O. Box Number is Not Acceptable) 3000 E. COMMERCIAL BLVD.			
				83			
				84 City FT. LAUDERDALE FL 85 Zip Code 33308			
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 JEFF JOHNSON DATE 3/25/97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME P JOHNSON, JEFF STREET ADDRESS 4242 N. FEDERAL HWY., SUITE C CITY-ST-ZIP FT LAUDERDALE FL				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 3000 E. COMMERCIAL BLVD. 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME VP JOHNSON, CHERYL STREET ADDRESS 4242 N. FEDERAL HWY., SUITE C. CITY-ST-ZIP FT. LAUDERDALE FL				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 3000 E. COMMERCIAL BLVD. 2.4 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			
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			
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			
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 do 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:

JEFF JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 **776-9400**
Date Daytime Phone

0263315

CR2E034 (9/96)