

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

FILED  
Feb 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S59600**

(4)

1. Corporation Name  
**J.R. TWO, INC.**



Principal Place of Business  
**3036 GRAND AVE  
COCONUT GROVE FL 33133  
US**

Mailing Address  
**7439 N. KENDALL DR  
MIAMI FL 33156-7702  
US**

3. Date Incorporated or Qualified <b>06/12/1991</b>	3a. Date of Last Report <b>04/01/1996</b>
4. FEI Number <b>65-0320090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 <b>11255 SW 93 Ct</b> 27 Suite, Apt. #, etc. 28 <b>Miami, FL</b> 29 <b>33176-4210</b> Country
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9. Name and Address of Current Registered Agent

**ELDRIDGE, KENNETH  
2977 MCFARLAND RD.  
MIAMI FL 33133-8033**

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	<b>FL</b>

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 true and correct copy (B&C) is required Agent signature required when renewing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELDRIDGE, KENDNETH</b>	1.2 NAME	
STREET ADDRESS	<b>2977 MCFARLAND RD</b>	1.3 STREET ADDRESS	<b>11255 SW 93 Ct</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33176-4210</b>
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WROBEL, HAROLD</b>	2.2 NAME	
STREET ADDRESS	<b>2977 MCFARLAND RD.</b>	2.3 STREET ADDRESS	<b>% 11255 SW 93 Ct</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33176-4210</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Sandra B. Mortham*

*2-2-97*

*2548331*

CR2E034 (9/96)