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PF CORP( ANNUA	NOW: FIL OFIT DRATION L REPORT 1996	LING FEE AFT	FLORIDA DE PARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS			
DOCUM	ENT #	V03961	(2)			
<ol> <li>Corporation N</li> </ol>	lame	•••••	<b>\-</b> /			
JAVA J	JOE'S, INC				I ISDU DUBU 14100 ILIKA MINA DU	BI MADI BIBIK BIBIK BIBIK BIBIK BIBIK BIBIK BIBIK B
Principal Place of		N	Aailing Address		,	
5979 NORTH FEDERAL HWY. SUITE 109 FT LAUDERDALE-FL 33308			2901-6 PALM AIRE DR 105 POMPANO BEACH FL 33069 US			
					3. Date Incorporated or Qualified 01/03/1992	3a. Date of Last Report 05/01/1995
2. Principal Place	e of Business	2	a. Mailing Address		4. FEI Number	Applied For
21 19 101	<u>، از ۲۸</u>	· (1.1)/. 23		<u>yslic (1.1</u> 1		Not Applicable \$8.75 Additional
Suite, Apt. #,	etc. /	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	A	Beac 1 28	City & State	B 6 1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 7 7	JIK NOT	Deal 28	Zip	Country	8. This corporation has liability for i	ntang-ble tax under s. 199.032,
24 33/80	25	<b>しょう 29</b>			Florida Statutes Yes  10. Name and Address of New R	No agistared Agent
	9. Name and	Address of Current Reg	istered Agent	81 Name C	10. Name and Address of New 11	e li
	NG, DAVID A.	1		82 Street Add	dress (P.O. Box Number is Not Acceptable	
1	. PACM AIRE (	OR 🚪	•	83	6/ Mysta (t.	<u>  作。年 スモビ</u>
SUITE	NO BEACH FI	L 33069	<b>.</b>			<b>85</b> Zip Code
[ /			•	84 City	Milmi Buch	- FL     33/3/
				the above named corp by the corporation's bo	oration submits this statement for the pul pard of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
familiar with	n, and accept the	obligations of Section 60	77.0505, Florida Statutes	1 1 31	Acres Press	11.36 96
SIGNATURE 4	Signature hypedicriprent	ed numer of negotianed agent and the			ADDITIONS/CHANGES TO OF	DATE
12.	DPS -	OFFICERS AND DIR	E CTORS MELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE NAME	STERLING		13/2000	1.2 NAME	Gillian Dourt	
STREET ADDRESS		ALM AIRE DR #105		1.3 STREET ADORESS	1916 Plystic M	11 1 266
City - St - ZiP	POMPANU	D BEACH FL	ET DUCK	14 City - ST 7iF	N. Mr Fre a c	Change Addition
TITLE			DETELE	2 1 TITLE 2 2 NAME		
NAME CORECT ADDRESS				2.3 STREET ADORESS		
STREET ADDRESS CHTY-ST-7IP				2.4 CHY - ST - ZIP		
TITLE			DELETE	3 1 Tall!		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ACURESS 3.4 City - St - Zif		
CITY-ST-ZIP		~ ~	OELETE	4 1 11111		Change Addition
NAME			_	4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY - ST - ZIP			——————————————————————————————————————	4 4 C(TY - \$1 - Z)P		Change Addition
TITLE			DEFELE	5 1 TITLE 52 NAME	6000018 -06/03/3601	<b>4 (825</b> ) notnoq
NAME execut annesss				5.3 STREET ADDRESS	***200.80	000020
STREET ADDRESS CHTY-ST-ZIP				5.4 CiTy - 5T - ZiP	THE PEOPLOS	F3.0. F3.44
TITLE	<del> </del>		DELE1E	6 1301.5		Change Addition

11. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this aimuse report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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:

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Design of Stanford 4 1/2 16 Royand Photos 9:33 900

CR2E034 (12/95)