

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

FILED
Feb 27 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 # V11091 (8)
1. Corporation Name
JR - N - JR, INC.

Principal Place of Business
1378 FORESTEDGE BLVD.
OLDSMAR FL 34677
US

Mailing Address
~~P.O. BOX 1000~~
130
~~OLDSMAR FL 34677~~
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 1378 Forestedge Blvd.		02/03/1992	
22 City & State		27 Oldsmar, FL		4. FEI Number	
23 Zip		29 34677		59-3106196	
25 Country		30 USA		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHIMBERG, JAMES H. J 400 N. ASHLEY ST. SUITE 2300 TAMPA FL 33602		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	PAIKOFF, NANCY S.	<input type="checkbox"/> DELETE	
STREET ADDRESS	400 CLEVELAND ST., 8TH FLOOR	13 STREET ADDRESS	1378 Forestedge Blvd.
CITY-ST-ZIP	OLDSMAR FL	14 CITY-ST-ZIP	Oldsmar, FL 34677
CD	SHIMBERG, ROBERT	<input type="checkbox"/> DELETE	
STREET ADDRESS	105 S. GLEN AVE.	2.1 TITLE	
CITY-ST-ZIP	TAMPA FL	2.2 NAME	
STD	SHIMBERG, JAMES H	<input type="checkbox"/> DELETE	
STREET ADDRESS	400 N. ASHLEY, STE. 2300	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FO	2.4 CITY-ST-ZIP	
D	SHIMBERG, RICHARD E.	<input type="checkbox"/> DELETE	
STREET ADDRESS	10001 CARROLLWOOD DRIVE	3.1 TITLE	
CITY-ST-ZIP	TAMPA FL	3.2 NAME	
D	SHIMBERG, JANET R	<input type="checkbox"/> DELETE	
STREET ADDRESS	10102 WHITE TROUT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPS FL	3.4 CITY-ST-ZIP	
		<input type="checkbox"/> DELETE	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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, or on an attachment with an address.

SIGNATURE: N. S. Paikoff, President
2-22-98 813-787-6605

CR2E034 (10/97)