

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

95 JUL -5 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V17151 (4)**

1. Corporation Name  
**JACAN OF FLORIDA, INC.**

Principal Place of Business Mailing Address  
**4545 N OCEAN BLVD #14C BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/27/1992	06/16/1994
22		27		4. FBI Number	Applied For
23		28		58-1992215	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Ex-terminated by Secretary of State	\$5.00 May Be Added to Fees
26		31		7. This corporation has liability for intermediate tax under s. 190.032 Florida Statutes <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			
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	85	Zip Code

I, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME	STREET ADDRESS	NAME	STREET ADDRESS
12.1	D/Pres PINELES, JACOB 4545 N OCEAN BLVD #14C BOCA RATON FL	13.1	
12.2	D/Sec/Treas PINELES, ANN 4545 N OCEAN BLVD #14C BOCA RATON FL	13.2	
12.3	VP Pineles, Richard 1700 Route 23, Suite 120 Wayne, NJ 07470	13.3	
12.4		13.4	
12.5		13.5	
12.6		13.6	
12.7		13.7	
12.8		13.8	

I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to conduct the report as required by Chapter 607, Florida Statutes, and that my name appears in this report. If there is a change of name, please file with an address.

SIGNATURE: Richard Pineles  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/13/95 (201)696-7200

CR2E034 (3/95)