

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V48782 (9)  
1. Corporation Name  
JUMPING CROCODILES, INC.

Principal Place of Business Mailing Address  
12800 GULF BLVD., EAST 12800 GULF BLVD., EAST  
MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708

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 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/08/1992		01/29/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-3134715		Not Applicable	
24 Country		30 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				6. Election Campaign Financing		5.00 May be Added to Fees	
				Trust Fund Contribution			
				8. This corporation owes or has paid the current year Intangible		Yes No	
				Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACOB, SOBHY 1332 PASADENA AVENUE SOUTH #308 ST. PETERSBURG FL 33707				81 Name Jacob, Sobhy 82 Street Address (P.O. Box Number is Not Acceptable) 1180 Gulf Blvd # 906 83 84 City Clearwater FL 85 Zip Code 34630			

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P Jacob, Sobhy
NAME	JACOB, SOBHY	1.2 NAME	1180 Gulf Blvd # 906
STREET ADDRESS	1332 PASADENA AVE S. #308	1.3 STREET ADDRESS	Clearwater, FL 34630
CITY-ST-ZIP	ST. PETERSBURG FL 33707	1.4 CITY-ST-ZIP	Clearwater, FL 34630
TITLE	V	2.1 TITLE	V Jacob, Lily
NAME	JACOB, LILY	2.2 NAME	1180 Gulf Blvd # 906
STREET ADDRESS	1332 PASADENA AVE. S. #308	2.3 STREET ADDRESS	Clearwater, FL 34630
CITY-ST-ZIP	ST. PETERSBURG FL 33707	2.4 CITY-ST-ZIP	Clearwater, FL 34630
TITLE	S	3.1 TITLE	S Jacob-Alen, Teresa
NAME	JACOB-ALLEN, TERESA	3.2 NAME	5404 Carmel Road
STREET ADDRESS	7800 ANDOVER WOODS DR. #911	3.3 STREET ADDRESS	Charlotte, NC 28226
CITY-ST-ZIP	CHARLOTTE NC 28210	3.4 CITY-ST-ZIP	Charlotte, NC 28226
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

*[Signature]*

9-1-97 704-544-7969

CR2E034 (4/97)