FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-1-95 B-66416 MC

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

APPROVED AND FILED
'95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70046 (0)

1. Corporation Name

JCF, INC.

Principal Place of Business
521 LAKE AVENUE, STE. 3
LAKE WORTH FL 33460

Mailing Address
521 LAKE AVENUE, STE. 3
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1992	3a. Date of Last Report: 08/05/1994
4. FEI Number: 65-0381103	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21: 560 SE 15th St.	26: 560 SE 15th St.
22: Suite, Apt. #	27: Suite, Apt. #, etc.
23: City & State: Pompano Beach FL	28: City & State: Pompano Beach FL
24: Zip: 33060 / 25: Country: USA	29: Zip: 33060 / 30: Country: USA

9. Name and Address of Current Registered Agent

BLAKE, GARY S ESQ.
521 LAKE AVENUE, STE. 3
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: James H. Farrell
82 Street Address (P.O. Box Number is Not Acceptable): 560 SE 15th St.
83
84 City: Pompano Beach FL 85 Zip Code: 33060

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: X J H Farrell (Registered Agent signature required when reinstating) DATE: April 28, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☒ Change ☐ Addition
NAME	FARRELL, JAMES H	1 2 NAME	
STREET ADDRESS	521 LAKE AVENUE, STE. 3	1 3 STREET ADDRESS	560 SE 15th St.
CITY-ST-ZIP	LAKE WORTH FL 33460	1 4 CITY-ST-ZIP	Pompano Beach FL 33060
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: J H Farrell Pres James H. Farrell, Pres 4/28/95 305-783-7267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0000824 CP