FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996			Secretary of State DIVISION OF CORPORATIONS					
DOCUME Corporation Nam		V7004	6 ((0)				
JCF, INC						1 (88): 81(8)(HB/(881) 881)	Ni ālā S all ā lajā b lāta a lba	ı Aldıl dinle bibli sa
rincipal Place of Bi	usiness		Mailing Address					
560 SE 15TH ST.			560 SE 15TH	ST.				
POMPANO BEA	CH FL 33060		POMPANO BE US	EACH FL 3306	0			
						Date Incorporated or Qualified 10/09/1992	3a. Date of Las 05/01	
Principal Place o	f Business		2a, Mailing Addre	ss		4. FEI Number 65-0381103		Applied For Not Applicab
Suite Apt. #, etc			Suite, Apt #,	etc.		Certificate of Status Desired		75 Additional
Orty & State			City & State			Election Campaign Financing	<u> </u>	e Required
Zq)	Co	untry	 28		Country	Trust Fund Contribution 8. This corporation has liability for	Ad Ad	ded to Fees
	25	ddress of Current F	29	30	·	Florida Statutes	s 🔯 No	5 193.002,
9.	Name and A	doress of Current P	tegistered Agent		81 Name	10. Name and Address of New I	Registered Agent	
FARRELL,	JAMES H.					dress (P.O. Box Number is Not Acceptal	hlal	
560 SE 15						uress (1.10. Box Number is Not Accepta	URO)	
POMPANO	BEACH FL	33060			83			
					<u> </u>			
Pursuant to the or registered ag familiar with, an	provisions of S jent, or both, in diaccept the ol	Sections 607.0502 ar the State of Florida bligations of, Section	nd 607.1508, Florida Such change was a 607.0508, Florida S	Statutes, the uthorized by that	84 City above-named corporation's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	[-1 i i	Zip Code s registered off ed agent. I am
GNATURE Steads	or accept the or	name of registered agreer and	Hirkerif applicabile	(NOTE Regist	above-named corporation's boo	red when reinstating)	rpose of changing it pointment as register	s registered offi ed agent. I am
GNATURE Signate	or accept the or	onganions or, section	Hirkerif applicabile	NOTE Right	above-named corporation's boa		rpose of changing it ioniment as register DATE	s registered offi ed agent. I am TORS IN 12
SNATURE Separt	P FARRELL, JA	official agent and OFFICERS AND D	OCH 10503, FIORIDA S Unterfagnicable DIRECTORS	(NOTE Regist	above-named corporation's boatest Agent signature required.	red when reinstating)	rpose of changing it pointment as register	s registered off ed agent. I am TORS IN 12
SINATURE Signaling Signali	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	OCH 10503, FIORIDA S Unterfagnicable DIRECTORS	(NOTE Registed 1	above-named corporation's bootened Agent signature requirements.	red when reinstating)	rpose of changing it ioniment as register DATE	s registered off ed agent. I am TORS IN 12
SINATURE Signal. F M FELAURIESS F-S ZP	P FARRELL, JA	OFFICERS AND DAMES H ST.	Infect applicable DELET	NOTE Regst 1 1 1 1 1 1	above-named corporation's boatered agent signature required. 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	red when reinstating)	PL propose of changing it pointment as register DATE FICERS AND DIREC Chang	s registered off ed agent. I am TORS IN 12 e Addition
SNATURE Superior F AF FELAUDRESS (*-5° ZP* F	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	OCH 10503, FIORIDA S Unterfagnicable DIRECTORS	(NOTE Registrate 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	above-named corporation's book tered Agont signature require 13. 1 TITLE 2 NAME 3 SIMELI ADDRESS 4 CITY-ST-ZIP 1 TITLE	red when reinstating)	rpose of changing it ioniment as register DATE	s registered off ed agent. I am TORS IN 12 e Addition
SNATURE Separation of the sepa	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	Infect applicable DELET	(NOTE Registration) [1] [1] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	above-named corporation's boatered agent signature required. 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	red when reinstating)	PL propose of changing it pointment as register DATE FICERS AND DIREC Chang	s registered off ed agent. I am TORS IN 12 e Addition
F AI FEL ADDRESS ELL ANDRESS SEL ANDRESS SEL ZIL'	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	Infect applicable DELET	(NOTE Registration) [1] [E	above-named corporation's book tered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	red when reinstating)	PL propose of changing it pointment as register DATE FICERS AND DIREC Chang	s registered off ed agent. I am TORS IN 12 e Addition
GNATURE Support SEPTIME SUPPORT SEPTIM	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	Infect applicable DELET	(NOTE Registration) [E	above-named corporation's book tered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS	red when reinstating)	PL propose of changing it pointment as register DATE FICERS AND DIREC Chang	s registered officed agent. I am TORS IN 12 e
GNATURE Support SET ADDRESS Y-S' ZIP UE GET ADDRESS Y-SI ZIP UE GET ADDRESS	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	DELET	[NOTE Regist [NOTE Regist 1 1 1 1 2 2 2 E 3	above-named corporation's bost tered Agont signature required. 13. 1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 1 TITLE 2 NAME 1 TITLE 2 NAME	red when reinstating)	DATE FICERS AND DIREC Chang	s registered officed agent. I am TORS IN 12 e
GNATURE Support STATE SUPPORT STAT	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	DELET	[NOTE Regist 1 1 1 1 1 1 1 1 1	above-named corporation's book tered Agont signature requir 13. 1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS	red when reinstating)	DATE FICERS AND DIREC Chang	s registered officed agent. I am TORS IN 12 e
GNATURE Separate FE ME	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	DELET	[NOTE Rays [NOTE Rays 1 [E	above-named corporation's bost tered Agont signature required. 13. 1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 1 TITLE 2 NAME 1 TITLE 2 NAME	red when reinstating)	pate Chang	s registered offi ed agent. I am TORS IN 12 e
GNATURE Support FE WE WE WE WE WE WE WE WE WE	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	University of Academic State of Colors Deleti	[NOTE Regist 1 1 1 1 1 1 1 1 1	above-named corporation's book tered Agont signature requir 13. 1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 3 STREET ADDRESS 4 CITY-ST-ZIP	red when reinstating)	DATE FICERS AND DIREC Chang	s registered offi ed agent. I am TORS IN 12 e
GNATURE Support F. All BELLADORESS F. S. ZIP F. All CLADORESS ALL CLADORESS F. S. ZIP F. All All All CLADORESS F. S. ZIP F. All All All All CLADORESS F. S. ZIP F. All All All All All All All All	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	University of Academic State of Colors Deleti	[NOTE Regist 1 1 1 1 1 1 1 1 1	above-named corporation's book tered Agont signature requir 13. 1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 1 NAME 1 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	red when reinstating)	pate Chang	s registered offi ed agent. I am TORS IN 12 e
GNATURE Support F. All BELLADORESS 1-ST, 201 S. All CLADORESS F. ST-201 F. All	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	DELET	[NOTE Rigs] 1 1 1 1 1 1 1 1 1	above-named corporation's bookers agont signature requirements and the signature requirements. 13. 1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	red when reinstating)	DATE TICERS AND DIREC Chang	s registered offi ed agent. I am TORS IN 12 e Addition e Addition
GNATURE Support F. Mr. BELLADORESS Y. S. Zu' LE LADORESS Y. S. Zu' E LE LADORESS	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	University of Academic State of Colors Deleti		above-named corporation's box tered Agort signature require 13. 1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	red when reinstating)	pate Chang	s registered offi ed agent. I am TORS IN 12 e Addition e Addition
GNATURE Support F. ME HADDRESS V-S ZEE LE LADDRESS V-SL-ZEE LE LADDRESS ME LE LADDRESS ME LE LADDRESS ME LE LADDRESS F. ME LE LADDRESS F. SL-ZEE F. ME	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	DELET		above-named corporation's box tered Agort signature region 13. 1 Tifle 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME	red when reinstating)	DATE TICERS AND DIREC Chang	s registered offi ed agent. I am TORS IN 12 e Addition e Addition
GNATURE Support CE ME GET ADDRESS Y-ST ZP LE ME GET ADDRESS Y-ST-ZP LE ME ME ME ME ME ME ME ME ME	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	DELET	RIOTE Project	above-named corporation's box tered Agort signature require 13. 1 Tifle 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME	red when reinstating)	DATE TICERS AND DIREC Chang	s registered offi ed agent. I am TORS IN 12 e Addition e Addition
GNATURE Support F. F. MI ME HADDRESS Y-SI ZU E ME HADDRESS Y-SI ZU E ME HADDRESS Y-SI-ZU E ME ME HADDRESS Y-SI-ZU E ME ME ME ME ME ME ME ME ME	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	DELET		above-named corporation's box tered Agort signature region 13. 1 Tifle 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME	red when reinstating)	DATE DATE FICERS AND DIREC Chang Chang	s registered offi ed agent. I am TORS IN 12 e
GNATURE Support E M MF HEFT ADDRESS Y-ST-ZP LE ME RELL ADDRESS	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	DELET	RIOTE Project	above-named corporation's box tered Agort signature region 13. 1 Tifle 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	red when reinstating)	DATE TICERS AND DIREC Chang	s registered offied agent. I am TORS IN 12 e Addition e Addition e Addition
GNATURE Square LE ME REFLAUDRESS	P FARRELL, J/ 560 SE 15TH	OFFICERS AND DAMES H ST.	DELET	RIOTE Project	above-named corporation's box tered Agort signature require 13. 1 Tifle 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 1 TIFLE	red when reinstating)	DATE DATE FICERS AND DIREC Chang Chang	s registered officed agent. I am TORS IN 12 e Addition e Addition e Addition

appears in Block 12 or Block 13 if changed, or on an artachment with an address.

SIGNATURE:

Janu & Janue Pregrant
Typed OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

7837267