


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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90102 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000001015**
 1. Corporation Name
JF HOTEL IV, INC.

Principal Place of Business
**302 ROYAL POINCIANA WAY
 PALM BEACH FL 33480**

Mailing Address
**302 ROYAL POINCIANA WAY
 PALM BEACH FL 33480**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **340 ROYAL POINCIANA WAY**
 Suite, Apt. #, etc.
 22 **SUITE 302**
 City & State
 23 **PAUM BEACH, FL**
 Zip Country
 24 **33480 USA**

2a. Mailing Address
 26 **340 ROYAL POINCIANA WAY**
 Suite, Apt. #, etc.
 27 **SUITE 302**
 City & State
 28 **PAUM BEACH, FL**
 Zip Country
 29 **33480 USA**

3. Date Incorporated or Qualified
02/26/1997

4. FEI Number
65-0729750

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**MURPHY, MARK A
 302 ROYAL POINCIANA WAY
 PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
 81 Name **FRED SHAW**
 82 Street Address (P.O. Box Number is Not Acceptable)
340 ROYAL POINCIANA WAY
 83 **SUITE 306**
 84 City **PAUM BEACH** FL 85 Zip Code **33480**

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]* **FREDERIK M. SHAW** DATE: **2-20-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, FREDERIC	1.2 NAME	
STREET ADDRESS	302 ROYAL POINCIANA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, JOHN	2.2 NAME	
STREET ADDRESS	302 ROYAL POINCIANA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JEFFREY H	3.2 NAME	
STREET ADDRESS	302 ROYAL POINCIANA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	ASV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MARK A	4.2 NAME	
STREET ADDRESS	951 E BYRD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS
STREET ADDRESS		5.3 STREET ADDRESS	Roger Pollak
CITY-ST-ZIP		5.4 CITY-ST-ZIP	302 Royal Poinciana Way Palm Beach, FL 33480
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.073(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, with a letter like empowered.

SIGNATURE: *[Signature]* **ROGER POLLAK** DATE: **2-20-99** DAYTIME PHONE #: **561 655-9101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)