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

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # **J39834** **(3)**

1. Corporation Name

JLA MANAGEMENT OF FLORIDA, INC.

Principal Place of Business

9900 W. SAMPLE RD.
STE. #300
CORAL SPRINGS FL 33065

Mailing Address

9900 W. SAMPLE RD.
STE. #300
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business `21`	2a. Mailing Address `26`	3. Date Incorporated or Qualified **10/28/1986**
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	4. FEI Number **65-0001089** / Applied For / Not Applicable
City & State `23`	City & State `28`	5. Certificate of Status Desired ☐ / **$8.75** Additional Fee Required
Zip `24` / Country `25`	Zip `29` / Country `30`	6. Election Campaign Financing Trust Fund Contribution ☐ / **$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLEN, JAMES J 9900 W SAMPLE RD STE 300 CORAL SPRINGS FL 33065	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 **PD** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **ALLEN, JAMES J.**		1.2 NAME	
STREET ADDRESS **5479A N.FEDERAL HWY.**		1.3 STREET ADDRESS	
CITY-ST-ZIP **FT LAUDERDALE FL**		1.4 CITY-ST-ZIP	
TITLE **VD** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **ALLEN, LYNDA S.**		2.2 NAME	
STREET ADDRESS **5479A N.FEDERAL HWY.**		2.3 STREET ADDRESS	
CITY-ST-ZIP **FT LAUDERDALE FL**		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		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 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.

CR2E034 (10/97)