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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90246 036 ***150.00

DOCUMENT # J68363 (7)

1. Corporation Name
JLGM, INC.

Principal Place of Business	Mailing Address
~~13899 BISCAYNE BLVD~~	~~13899 BISCAYNE BLVD~~
~~PH 1~~	~~PH 1~~
~~MIAMI FL 33181~~	~~MIAMI FL 33181~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
12000 Biscayne Blvd	12000 Biscayne BLVD
Suite, Apt. #, etc. Suite 222	Suite, Apt. #, etc. Suite 222
City & State North Miami, FL	City & State North Miami, FL
Zip 33181-2720 Country	Zip 33181-2720 Country

3. Date Incorporated or Qualified: 04/17/1987

4. FEI Number: 59-2805015 ☐ 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 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
LINET, JEROME 1899 N.E. 164TH STREET NORTH MIAMI BEACH FL	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 _____ DATE
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	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MARGOLIS, GWEN	1.2 NAME	
STREET ADDRESS	~~13899 BISCAYNE BLVD PH 1~~	1.3 STREET ADDRESS	12000 Biscayne Blvd. #222
CITY-ST-ZIP	~~NORTH MIAMI FL~~	1.4 CITY-ST-ZIP	North Miami, FL 33181
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LINET, JEROME	2.2 NAME	
STREET ADDRESS	1899 N.E. 164TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	
	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ Feb. 14, 1999 (305) 3755128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0252191

CR2E034 (10/97)