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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000065633

1. Corporation Name J & L MORTGAGE CORPORATION

Principal Place of Business 7 N.W. 2ND STREET SUITE 205 MIAMI FL 33128
Mailing Address 10 N.W. 2ND STREET MIAMI FL 33128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10 NW 2nd ST. 22 Suite, Apt. #, etc. 23 MIAMI, FL. 24 Zip 33128 25 Country 26 27 28 29 30

3. Date Incorporated or Qualified 09/07/1994
4. FEI Number 65-0519881 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent GORFINKEL, NESTOR B CONCOURSE PLAZA, STE 401 1111 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent 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

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Columns include Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 12 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns include Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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, with all other like empowered.

SIGNATURE: [Signature] 2-22-99 305-371-3309 Date Daytime Phone #

CR2E034 (11/98)