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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L45365

(8)

JMC COMMUNITIES REALTY, INC.

FILED
Apr 11 1997 8:00am
Secretary of State



							31 61 Bili Biril Biril Biril	81811 87811 67 <i>6</i> 31	
Principal Plac	ne of Business		g Address				armt mair millig Billit		#1#11 TV#1
2201 4TH ST.N. 2201 4TH ST.N. STE. #200 STE. #200									
STE. #200	URG FL 33704		1200 Tersburg FL 33	704-4300					
DI, FEIENDOL	UNG FL 35704	01. FE	.irnocond ir w	707 7000		3. Date Incorporated or Qua	lified 3a. I	ate of Last R	leporl
						01/26/1990		/01/1996	
2. Principal F	Place of Business	2a. Ma	ailing Address		······································	4. FEI Number			oplied For
1		26	3			59-3057319		-	ot Applicable
Suite, Apt	#, etc		ite, Apt. #, etc.		······································				Additional
2		27				5. Certificate of Status Desire	ed 🔲		equired
City & Sta	ate		ty & State			6. Election Campaign Finance	cina	\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zφ	Country	Zıç	0	Coun	try	8. This corporation has liabil	ity for intangible		
3	. 25	29		30		Florida Statutes	☐ Yes		
11	9. Name and Address of Curr		ed Agent			10. Name and Address of N	ew Registered	Agent	
RAC	CON, DAVID A.				1 Name				
	59 FIRST AVE. NORTH			ļ.,	0 0 0			·	
	PETERSBURG FL 33713		82 Street A		Street Add	fress (P.O. Box Number is Not Ac	ceptable)		
Ģī.	PETENSBONG TE 33713			h	13				
				Ĺ					
				Ţ.	City		FI	85 Zip	Code
	to the provisions of Sections 607.0		4000 El :: Ja Cau						
	registered agent, or both, in the Sta am familiar with, and accept the obt								
SIGNATURE	Signature: Aspect or portion name of registered of OFFICERS A		kincable. (N DRS			ired when reinstating) ADDITIONS/CHANGES TO	DATE		
SIGNATURE	Stp. ature: typed or pertical rame of registered of FECERS A	agent and title I ap	çucable. (N	OTE: Registered	Agent signature requ	ired when reinstating)	DATE		
SIGNATURE 12. Till	OFFICERS A DPS CHEEZEM, J. MICHAEL	agent and title I ap	kincable. (N DRS	OTE: Registered	Agent signature requ	ired when reinstating)	DATE	ID DIRECTO	RS IN 12
SIGNATURE 12. Tile Name	OFFICERS A DPS CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200	agent and title I ap	kincable. (N DRS	OTE: Registered. 13. 1.1 TITL 1.2 NAM	Agent signature requ	ired when reinstating)	DATE	ID DIRECTO	RS IN 12
SIGNATURE 12. TILE NAME STREET ADDRESS	OFFICERS A DPS CHEEZEM, J. MICHAEL	agent and title I ap	kincable. (N DRS	OTE: Registered. 13. 1.1 TITL 1.2 NAN 1.3 STR	Agent signature requi	ired when reinstating)	DATE	ID DIRECTO	RS IN 12
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST: ZIP	OFFICERS A DPS CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200	agent and title I ap	kincable. (N DRS	OTE: Registered. 13. 1.1 TITL 1.2 NAN 1.3 STR	Agent signature required to the signature requirement of the signature req	ired when reinstating)	DATE	ID DIRECTO	RS IN 12
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TILE	DPS CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL	agent and title I ap	gricable (N DRS DELETE	OTE: Registered. 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITI	Agent signature required to the signature re	ired when reinstating)	DATE	ID DIRECTOI Change	RS IN 12
SIGNATURE 12. THE NAME SIREFI ADDRESS CITY-ST-ZIP THE NAME	DPS CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200	agent and title I ap	gricable (N DRS DELETE	13. 1.1 Titl 1.2 NAM 1.3 STR 1.4 CTT 2.1 Titl 2.2 NAM	Agent signature required to the signature re	ired when reinstating)	DATE	ID DIRECTOI Change	RS IN 12
SIGNATURE 11.E NAME SIBEET ADDRESS CITY-ST ZIP TITLE NAME SIBEET ADDRESS	DPS CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL	agent and title I ap	gricable (N DRS DELETE	13. 1.1 YITL 1.2 NAM 1.3 STR 1.4 CYY 2.1 TITL 2.2 NAM 2.3 STR	Agent signature required to the signature re	ired when reinstating)	DATE	ID DIRECTOI Change	RS IN 12
SIGNATURE 12. TILE NAME SIREFI ADDRESS CITY-SI-ZIP SIRFEI ADDRESS CITY-SI-ZIP	DPS CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200	agent and title I ap	gricable (N DRS DELETE	13. 1.1 YITL 1.2 NAM 1.3 STR 1.4 CYY 2.1 TITL 2.2 NAM 2.3 STR	Agent eigneture required to the second to th	ired when reinstating)	DATE	ID DIRECTOI Change	RS IN 12
SIGNATURE 12. ILE NAME STREET ADDRESS DITY-ST-ZIP UAME STREET ADDRESS CITY-ST-ZIP UTLE	DPS CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200	agent and title I ap	pricable. (N)PRS DELETE DELETE	13. 1.1 YITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 NITL 2.2 NAM 2.3 STR 2.4 CIT	Agent eignature required to the second signature required to the s	ired when reinstating)	DATE	ID DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	OFFICERS A OFFICE	agent and title I ap	pricable. (N)PRS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	Agent eignature required to the second signature required to the s	ired when reinstating)	DATE	ID DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. LILE NAME STREEL ADDRESS DILY-ST-ZIP DILLE NAME STREEL ADDRESS DILY-ST-ZIP TILLE NAME STREEL ADDRESS STREEL ADDRESS	OFFICERS A OFFICE	agent and title I ap	pricable. (N)PRS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Agent eignature required to the second secon	ired when reinstating)	DATE	ID DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. THE NAME SIREF LADDRESS DITY-ST-ZIP THE UAME STREET ADDRESS DITY-ST-ZIP THE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS A OFFICE	agent and title I ap	pricable. (N)PRS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Agent eignature required to the second secon	ired when reinstating)	DATE	ID DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A OFFICE	agent and title I ap	ORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.2 NAM 2.3 STR 2.4 CITI 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITI 3.4 CITI 3.4 CITI 3.5 CITI 3.5 CITI 3.7 C	Agent signature required to the signature re	ired when reinstating)	DATE	D DIRECTOI Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS DITY-ST-ZIP THE NAME STREET ADDRESS DITY-ST-ZIP THE NAME STREET ADDRESS DITY-ST-ZIP THE NAME NAME NAME NAME NAME NAME	OFFICERS A CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL	agent and title I ap	ORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	Agent signature required to the signature re	ired when reinstating)	DATE	D DIRECTOI Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS DITY-ST-ZIP HITE NAME STREET ADDRESS CITY-ST-ZIP HITE NAME STREET ADDRESS CITY-ST-ZIP HITE NAME STREET ADDRESS STREET ADDRESS	OFFICERS A CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL	agent and title I ap	ORANGE (N)PRS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	Agent signature required E ME EET ADDRESS (-ST-ZIP) E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E ME ME ME ME ME ME ME ME ME	ired when reinstating)	DATE	D DIRECTOI Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS ONY-ST-ZIP THEE NAME	OFFICERS A CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL	agent and title I ap	ORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	Agent signature required E ME EET ADDRESS (-ST-ZIP) E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP) E ME EET ADDRESS (-ST-ZIP)	ired when reinstating)	DATE	D DIRECTOI Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TILE NAME SIREFI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL	agent and title I ap	ORANGE (N)PRS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT	Agent dignature required E ME EET ADDRESS ('-ST-ZIP) E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP) E ET ADDRESS (-ST-ZIP) E	ired when reinstating)	DATE	D DIRECTOL Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME	OFFICERS A OFFICE	agent and title I ap	ORANGE (N)PRS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CTT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM 33 STR 34. CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM	Agent dignature required E ME EET ADDRESS ('-ST-ZIP) E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP) E ET ADDRESS (-ST-ZIP) E	ired when reinstating)	DATE	D DIRECTOL Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. 1 ILE NAME SIBEFI ADDRESS CITY-ST-ZIP TITLE NAME SIBEFI ADDRESS SIBEFI ADDRESS SIBEFI ADDRESS SIBEFI ADDRESS SIBEFI ADDRESS SIBEFI ADDRESS	OFFICERS A OFFICE	agent and title I ap	ORANGE (N)PRS DELETE DELETE DELETE	OTE Registered. 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	Agent dignature required E ME EET ADDRESS (-ST-ZIP) E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP) E ME EET ADDRESS (-ST-ZIP) E ME AGE EET ADDRESS (-ST-ZIP) E AGE AGE AGE	ired when reinstating)	DATE	D DIRECTOL Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A OFFICE	agent and title I ap	ORANGE (N)PRS DELETE DELETE DELETE	OTE Registered. 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	Agent dignature required to the second secon	ired when reinstating)	DATE	D DIRECTOL Change Change Change	RS IN 12 Addition Addition Addition Addition
AGONT 1:3 SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A OFFICE	agent and title I ap	DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CTT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 CTT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT	Agent signature required to the signature re	ired when reinstating)	DATE	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A OFFICERS A OFFICERS A DPS CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL T CHEEZEM, J. MICHAEL 2201 4TH. ST. N. STE. 200 ST. PETERSBURG FL	agent and title I ap	DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CTT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.5 TITL 3.2 NAM 3.3 STR 4.4 CTT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CTT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAM	Agent signature required to the signature re	ired when reinstating)	DATE	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition

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 Lam an efficir 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:

Daytime Phone #