**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 467995

1. Corporation Name

JAY LAWRENCE GROUP, INC.

Principal Plac	e of Business	Mailing Address			+ 100511 #401# O)161 10010 10110 70301	A PILL OTO IL OTO IL STORT DIOLI DI	(E)   01911 1081
345 ALMERIA A	AVENUE	P.O. BOX 143746					
CORAL GABLES FL 33134		CORAL GABLES FL 331	14-3746		DO NOT WEITE	IN THE CDACE	
US . US					3. Date Incorporated or Qualifed	N THIS SPACE	
					12/26/1974		į
2 Principal P	lace of Business	2a. Mailing Address			4. FÉI Number	Apr	lied For
21	1995 01 20011190	26			59-1564401		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				□ \$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Rec	uired
City & Stat	e	City & State			6. Election Campaign Financing	□ \$5.00 t	
23		28			Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Cou	пігу	<ol><li>This corporation owes the current Personal Property Tax.</li></ol>		□No
24	9. Name and Address of Currer	29 29 Agent	[30]		10. Name and Address of New Re		
	o. Italiic discondination			81 Name			
AME	RILAWYER CHARTERED			SP Street Adds	IEGEL & UTRERA, P. ress (P.O. Box Number is Not Acceptable	.A.	
343 ALMERIA AVENUE					3 ALMERIA AVENUE	e <i>)</i>	
COF	PAL GABLES FL 33134			83			
				84 City		85 Zip C	nde
		_		1 1 001	RAL GABLES	221	2/.
11. Pursuant	to the provisions of Sections 607.050	2 and 507.1508, Florida Sta	tutes, the al	pove-named corp	oration submits this statement for the puon's board of directors. I hereby accept to	irpose of changing its i	registered istered
oπice or r agent. I a	egistered agent, or both, in the State im fan <b>tijar witt papilaleto</b> t t <b>il platic</b> s	tions of exection 607.0505, I	Florida Statu	ites.	on a board of directors. Thereby decept	and appointment so reg	,,0.0.00
SIGNATURE	$\delta v : \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	•				4-29-99	
	Signature, typed or programma (	<sup>⊪</sup> Spiegel, Pr ND DIRECTORS	esyde 13.	t signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFI	0.172	DS IN 12
12.	PD Pricers AI	DELETE	1.1 10	ie I	ADDITIONS/CHANGES TO OFFI	Change	
NAME	SPIEGEL, LAWRENCE J.						☐ Addition ☐
STREET ADDRESS	345 ALMERIA AVE		■ 1.2 NA	ME I			☐ Addition
CITY-ST-ZIP			1.2 NA				☐ Addition
CITT-31-ZIF			1.3 ST	REET ADDRESS			☐ Addition
TITLE	CORAL GABLES FL 33134		1.3 ST	REET ADDRESS		☐ Change	Addition
TITLE NAME	CORAL GABLES FL 33134	☐ DELETE	1.3 ST 1.4 CF	REET ADDRESS TY-ST-ZIP			
NAME	SANCHEZ, ELSIE	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA	REET ADDRESS TY-ST-ZIP			
NAME STREET ADDRESS	ST SANCHEZ, ELSIE 345 ALMERIA AVE	☐ DELETE	1.3 ST 1.4 CD 2.1 TD 2.2 NA 2.3 ST	REET ADDRESS Y-ST-ZIP LE			
NAME	SANCHEZ, ELSIE	☐ DELETE	1.3 ST 1.4 CD 2.1 TD 2.2 NA 2.3 ST	REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP			
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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 an other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

GNING OFFICER OR DIRECTOR

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90006 005 \*\*\*150.00