

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **491399** (2)

1. Corporation Name
JP REALTY PARTNERS, INC.



Principal Place of Business: **1001 W. CYPRESS CREEK ROAD SUITE 306G FT. LAUDERDALE FL 33309**
Mailing Address: **1001 W. CYPRESS CREEK ROAD SUITE 306G FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **11/21/1975**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2419441**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **POLITIS, JOHN 1001 W. CYPRESS CREEK ROAD SUITE 306G FT. LAUDERDALE FL 33309**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	POLITIS, JOHN	1.2 NAME	
STREET ADDRESS	1001 W. CYPRESS CR. 306G	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	RECALDE, SANDRA M.	2.2 NAME	WATERS, JO
STREET ADDRESS	1001 W CYPRESS CR 306G	2.3 STREET ADDRESS	1001 W. Cypress Creek Rd, 306G
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	POLITIS, AMANDA	3.2 NAME	
STREET ADDRESS	1001 W. CYPRESS CREEK RD., STE. 306G	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	EVPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	POLITIS, JAMES	4.2 NAME	
STREET ADDRESS	1001 W CYPRESS CREEK ROAD #306G	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or in an attachment with an address.

SIGNATURE: *John Politis* **John Politis, President** 4/26/96 (305)491-2644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)