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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 570973 (8)

JALMARK REALTY, INC.

**FILED** May 15 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address							( 194(8) 8(1)) ( 194() 24() 11() 11()	4 1111 61911 <b>6</b> 191	1 4/411 516			
% THEODORE S. ARONSKY 1201 S. OCEAN DRIVE HOLLYWOOD FL 33019 US			% THEODORE S. ARONSKY 1201 S. OCEAN DRIVE HOLLYWOOD FL 33019 US				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified 05/04/1978						
	lace of Business	2a.	Mailing Address				4. FEI Number			Applied For	]	
21		. 26					59-1814522			Not Applicable	]	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip Country			Zip Country				<del></del>				+	
24	25	29	30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No					
[=4]	9. Name and Address						10. Name and Address of New Registered Agent					
	RONSKY, THEODORE				61	Name					1	
	201 S. OCEAN DRIVE	•			82	Street Add	dress (P.O. Box Number is Not Accepta	hle)			}	
- SOUTH TOWER					83	Silest Add	Tess (F.O. Box Number is not neceptable)			4		
• •	HOLLYWOOD FL 33019	l							T	· ·	]	
					84	City		FL	85   Z	ip 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	f registered agent and title	if approable (NO)	E Registere	d Age	int signature req	uired when reinstating)	DATE			اِ	
12.		FICERS AND DIREC		13.			ADDITIONS/CHANGES TO OFFI				<b>∏</b> 6	
TITLE	PSD		☐ DEFELE		1.1 TITLE			ı	Chang	ge Addition	15	
NAME	ARONSKY, THEO			1.2 N/		ŀ					5	
STREET ADDRESS	1201 S. OCEAN (			1.3 ST	REET	ADDRESS					Įŭ	
CITY-ST-ZIP	HOLLYWOOD FL	33019	T Severe	1.4 CI	_	T-ZIP			7.~		١À	
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NAME				5 2 N	AME						1	
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TITLE			DELETE	6.1 Ti	TLE				Chang	ge Addition	]	
NAME	ļ.			6.2 N/	ME	ĺ						
STREET ADDRESS				6381	REET	ADDRESS					1	
CITY-ST-ZIP						IT-ZIP					1	
14. I hereby	certify that the information	supplied with this	filing does not qualify f	or the exe	emp	tion stated i	in Section 119.07(3)(i), Florida Statutes	I further cer	tify that	the information	1	

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Stalutes; and that my name appears in Block 12 or Block 13 if channed, or director of the corporation with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0164675