200	2 UNIFORM BUS	INESS REPO	APPRUVEL		
	JMENT # A137			AND FILED	
JM ASSOCIATES, LTD.			4	02 APR 19 PM 12: 02	
			1	SECRETARY O	F STATE
Principal Place of Business % KATZ. BARRON. SQUITERO. ET AL 2699 S. BAYSHORE DR., 7TH FLOOR MIAMI FL 33133 MIAMI FL 33133 MIAMI FL 33133				TALLAHASSEE	FLORIDA
			li d		
Principal Place of Business 3. Mailing Address			4		1 01011 01011 01011 01011 01311 1891
Suite, Apt. #, etc. Suite, Apt. #, etc.		į.	DUE BY MAY 1, 2002		
City & State City & State		City & State		4. FEI Number 59-2549648 Applied For	
Zip	Country	Zip	Country	5: Certificate of Status Desired	Not Applicable \$8.75 Additional
	6. Name and Address of Current			7. Name and Address of New Registered	Fee Required
			Name	77 Hailing Stille Variation of Heat Healtsteller	Agent
CORPCO, INC.			Street Address (P.O. Box Number is Not Acceptable)		
IAITAM LE	_ 33 (33		City	F	Zip Code
8 The above	named entity submits this statement for	or the purpose of the size is			
SIGNATURE			egistered office or regist	ered agent, or both, in the State of Florida.	•
	Signature, typed or printed name of registered agent	. ,		DATE	
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF SEE REVERSE SIDE FOR FEE INFORM					OR FEE INFORMATION
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS ENT AY NOT be changed on the	TITY MUST BE REGIS e form; an amendme	STERED AND ACTIVE WITH THIS OFFIC ent must be filed to change a general pa	CE. artner.
12.	GENERAL PARTNE		13,	ADDRESS CHANGES OF	
DOCUMENT # NAME	FARBER, LEONARD L.		STREET ADDRESS		03 (9/01)
STREET ADDRESS CITY-ST-ZIP	450 E. LAS OLAS BLVD. #880 FT. LAUDERDALE FL 33301		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	000
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DOCUMENT # NAME			STREET ADDRESS		
STREET AS ORESS	•		CITY-ST-ZIP		<u>.</u> .

SIGNATURE: Y

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

4/10/0 954-761-8100

Date Daytime Phone #