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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000000695 (7)

1. Corporation Name
JF NEVADA CORP.

Principal Place of Business

% JAY FELNER
4770 TREE FERN DR.
DELRAY BEACH FL 33445

Mailing Address

% JAY FELNER
4770 TREE FERN DR.
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1993

4. FEI Number

88-0260634

Applied For

Not Applicable

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

FELNER, JAY
4770 TREE FERN DR.
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME LEFKOVITZ EDWIN
STREET ADDRESS 26720 COUNTRY SIDE LAKE
CITY-ST-ZIP MUNDELEIN IL

TITLE PD ☐ DELETE

NAME SCHWARTZBERG, ALBERT
STREET ADDRESS 152 W 57TH STREET 7TH FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE VD ☐ DELETE

NAME NESHEK, THOMAS
STREET ADDRESS 14 E. WALWORTH ST.
CITY-ST-ZIP ELKHORN WI 53121

TITLE VD ☐ DELETE

NAME FELNER, JEFFREY
STREET ADDRESS 625 AUBURN CIRCLE WEST
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE SD ☐ DELETE

NAME GOLDMAN, ROBERT U
STREET ADDRESS 800 CENTRAL AVE., #365
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE TO ☐ DELETE

NAME WAGNER, NATHAN
STREET ADDRESS 800 CENTRAL AVE., #365
CITY-ST-ZIP HIGHLAND PARK IL 60035

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

60060

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

50 Main Street, Suite 435
White Plains, NY 10606

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:

4/3/98

(847) 432-3666

CR2E034 (10/97)