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PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000000695

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 the current year Intangible
 Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **c/o 600 Central Avenue**
 Suite, Apt. #, etc.

22 **Suite 365**
 City & State

23 **Highland Park, IL**

Zip Country
 24 **60035** 25 **USA**

2a. Mailing Address

26 **c/o 600 Central Avenue**
 Suite, Apt. #, etc.

27 **Suite 365**
 City & State

28 **Highland Park, IL**

Zip Country
 29 **60035** 30 **USA**

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

Jay Felner

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

4182 Live Oak Boulevard

83

84 City

Delray Beach

FL

85 Zip Code
33445

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 **Jay Felner**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **VD LEFKOVITZ EDWIN**
 STREET ADDRESS **26720 COUNTRY SIDE LAKE**
 CITY-ST-ZIP **MUNDELEIN IL 60060**

TITLE ☐ DELETE
 NAME **PD SCHWARTZBERG, ALBERT**
 STREET ADDRESS **50 MAIN STREET, SUITE 435**
 CITY-ST-ZIP **WHITE PLAINS NY 10606**

TITLE ☐ DELETE
 NAME **VD NESHEK, THOMAS**
 STREET ADDRESS **14 E. WALWORTH ST.**
 CITY-ST-ZIP **ELKHORN WI 53121**

TITLE ☐ DELETE
 NAME **VD FELNER, JEFFREY**
 STREET ADDRESS **625 AUBURN CIRCLE WEST**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ DELETE
 NAME **SD GOLDMAN, ROBERT U**
 STREET ADDRESS **600 CENTRAL AVE., #365**
 CITY-ST-ZIP **HIGHLAND PARK IL 60035**

TITLE ☐ DELETE
 NAME **TD WAGNER, NATHAN**
 STREET ADDRESS **600 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 **34500 Fox Ridge Drive**
 1.4 CITY-ST-ZIP **Evergreen, CO 80439**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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 **4236 Pine Hollow Circle**
 4.4 CITY-ST-ZIP **Green Acres, Florida 33463**

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 for on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert U. Goldman**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 1999
 Date

(847) 432-3666
 Daytime Phone #

CR2E034 (11/98)