PROFIT CORPORATION				TMENT OF STATE	AND FILED					
ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS		1997 JUL 14 PM 12: 17					
DOCUMENT # FAU DOOD 7376					SECRETARY OF STALLAHASSEE, FL	TATE ORIDA				
	SJM MANAG									
Principal Place		Mailing A								
	OI VIA CAPRI			/IA CAPRI						
	CA RATON, FL 3	13496	BOCA RI	170N, FL 33496	3. Date Incorporated or Quality  1 - 9 - 94	ied   3a. Date of	Last Re	•		
2. Principal Place	_	2a. Mailing	Address		4. FEI Number 52 - 1862 899	<u></u>	L	Applied For Not Applicable		
Suite, Apt. #,	elc.	Suite, 7	pl.#, etc.		5. Certificate of Status Desire	d []	\$8.7	5 Additional		
City & State		City 8	State		6. Election Campaign Finance	·		Required  May Be		
Zip Zip	Couple	28	78		Trust Fund Contribution		Adde	ed to Fees		
24) 24)	Country 25	Zip 729	30	Country	8. This corporation has fiabilit Florida Statutes	y for intangible ta Yes No	x under	8. 199.032,		
	9. Name and Address of Cun	rent Registered A	gent	81 Name	10. Name and Address of Nev	v Registered Age	ent			
THE PRENTICE-HALL CORPORATION SISTEM, INC.  [20] HAYS STREET - SUITE IOS  TALLAHASSEE, FL 32301				82 Street Addre						
	ne provisions of Sections 607 05				FL					
SIGNATURE	Signature typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS			(NOTE: Registered Age 13.						
NAME STREET ADDRESS CITY - ST - ZIP	MERKIN, SANFOR			1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP		<b>-</b>	•			
NAME STREET ADDRESS CITY - ST - ZIP			DELETÉ	2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	n	□ cn □2241 7/18/97 ***165.00	ักเกต	B002		
NAME STREET ADDRESS CITY - ST - ZIP			DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP		Cha		Addition		
TILE  MAME  STREET ADDRESS  PIZ: TZ: YTK			DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP		Cha	inge	Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP			inge	J-April		
TITLE NAME STREET ADDRESS STY - ST - ZIP		<u> </u>	DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		Cha	nge	Addition		
information in that I am an o	1 47	supplemental and of or the recovery on a fattach had	nual report is true a brirustee empowe it with an address	ind accurate and that n	ny signature shall have the same ort as required by Chapter 607,	e legal effect as if Florida Statutes;	i made L	under oath; it my name		

Form 7004

(Rev. June 1995)
Department of the Treasury
Internal Revenue Service

## Application for Automatic Extension of Time To File Corporation Income Tax Return

OMB No. 1545-0233

Internal Revenue Service		·					
Name of corporation					Employ	yer identification number	
	52-1862899						
Number, street, and room or	SJM MANAGEMEN suite no. (if a P 0, box or outsic				1	1002033	
	17501 VIA CA	PRI					
City or town, state, and ZIP co							
	BOCA RATON, I	FL 33496-24	79			<del></del>	
Check type of return to be file				1	_	<b>7</b>	
Form 1120	Form 1120-FSC		<del></del>	Form 1120-REIT	<u></u>	Form 1120-SF	
Form 1120-A Form 1120-F	Form 1120-H	Form 11	-TY-	Form 1120-RIC Form 1120S	<u> </u>	Form 990-C Form 990-T	
1011111204		(OIIII )	20-700	7 70111 77203			
Form 1120-F filers: Check	here if you do not have an offic	e or place of business in th	e United States			▶ □	
until <u>SEPTEMB</u> year 19 <u>96</u> or ►	From the formula of the formula of the first section of the first sectio	the income tax return of the	e corporation named al	Consolidated	_ , 19		
2 If this application also co	overs subsidiaries to be include	ed in a consolidated return,	complete the following	•			
11				Employer Ident			
Nami	e and address of each membe	r of the attiliated group		number		I ax period	
			<u></u> -			<u> </u>	
			<del></del>				
<del></del>	· <del></del>					<del></del>	
					<del>, , , ,</del>	<u> </u>	
3 Tentative tax				$(\mathbf{v}_{i},\mathbf{v}_{i},\mathbf{v}_{i})=(\mathbf{v}_{i},\mathbf{v}_{i$	3	<u> </u>	
4 Credits: a Overpayment credited from	5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	48	1	·			
b Estimated tax payments	• •	4b					
c Less retund for the tax y		34		•			
applied for on Form 446		401(	) Bal► 4d			O	
a Credit from regulated inv			48		1	- 12 전체 기계 기계 기	
f Credit for Federal tax on	tuels		41		] ,		
5 Total Add lines 4d throu	ion 4f				5	0.	
	•						
	ne 5 from line 3. Deposit this a				6	0.	
Signature Under penalties of policy the statements made are true	equity, I declare that I have been auff a correct and complete	horized by the above-named co	rporation to make this appli-	cation, and to the best of my i	a egbelwon:	and	
andra D.	Grand S.	C/	A			03/07/97	
Signal	ture of officer or agent)		<del></del> -	itle)		(Date)	
	<del></del>						