

06091999-90031-049-\$150.00-\$150.00

CORPORATION
ANNUAL REPORT
1999Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700002626

1. Corporation Name JEM EXECUTIVES INC.
JEM MANAGEMENT INC.

Principal Place of Business

75 NE 6th AVE
SUITE 103
Delray BEACH, FL, 33483

Mailing Address

7622 NORTHPORT DR.
BOYNTON BEACH, FL, 33437

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip

29 Country

30

06-09-1999 90031 049 ***150.00

FILED
Jun 09, 1999 8:00 am
Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number 22-2532713 Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

RICHARD LEEDS
7622 NORTHPORT DR.
BOYNTON BEACH, FL, 33437

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	LEEDS, RICHARD		1.2 NAME
STREET ADDRESS	7622 NORTHPORT DR.		1.3 STREET ADDRESS
CITY-ST-ZIP	BOYNTON BEACH, FL, 33437		1.4 CITY-ST-ZIP
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	LEEDS, JUDITH		2.2 NAME
STREET ADDRESS	7622 NORTHPORT DR.		2.3 STREET ADDRESS
CITY-ST-ZIP	BOYNTON BEACH, FL, 33437		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard S. J.* RICHARD LEEDS 06/03/99 561-266-0125
561-369-5103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)