1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G52316 1. Corporation Name

THE "J. M. P." COMPANY, INC.

Principal Place of Busines
601-4 WHITNEY AVE
LANTANA FL 33462

Mailing Address P.O. BOX 3918

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90183 019 ***158.75



INTANA FL 33462 LANTANA FL 33465-918 S US			DO NOT WRITE IN THIS	VRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 08/02/1983			
2. Principal Place of Business 1 102 N. Swinton Ave.	2a. Mailing Address 26 P.O. Box 7538		4. FEI Number 59-2324797	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State Delray Beach, FL	City & State Delray-Beach,	-F1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May BeAdded to Fees		
Zip Country 4 33444 [25] PALM BEACH	Zip Cou 29 33428 30 PA	ntry LM BEACH	 This corporation owes the current year in Personal Property Tax. 	ntangible Yes Z No		
9. Name and Address of Current I	Registered Agent	10. Name and Address of New Registered Agent				
SCHACHER, SELMA A.			OBERT M. SCHWARTZ			
601-4 WHITNEY AVE			ss (P.O. Box Number is Not Acceptable) N. Swinton Ave.			
LANTANA FL 33462		83				
		84 City	Ti	85 Zip Code		

Delray Beach 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 607.0905, Florida Statutes.

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SIGNATURE	Cober Middle	ANOTE: Par	pistered Agent signature re	Schwartz	DATE	141127	<u>'</u>
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Ke		ADDITIONS/CHANGES TO		ID DIPECTO	DC IN 12
12.	OFFICERS AND DIRECTORS	ELETE	13.	PI)	OFFICERS AI	☐ Change	Addition
TITLE		PELETE	1.1 TITLE		e		
NAME	PARISER, PAUL S		1.2 NAME	PARISER, PAUL			ا ،
STREET ADDRESS	601-4 WHITNEY AVE		1.3 STREET ADDRESS	3590 S. Ocean			ا 9د
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY-ST-ZIP	Palm Beach, Fl	<u>. 33480</u>		
TITLE	\$	ELETE	2.1 TITLE	S		Change	☐ Addition
NAME	REID, LUCIE S		2.2 NAME	REID, LUCIE S	•		
STREET ADDRESS	601-4 WHITNEY AVE		2.3 STREET ADDRESS	3590 S. Ocean	Blvd.,	Apt. 2	209
CITY-ST-ZIP	Lantana FL 33462		2.4 CITY-ST-ZIP	Palm Beach, Fl	<u> 33480</u>		
ıπīΈ		ELETE	3.1 TITLE			Change	Addition
NAME	• • • • • • • • • • • • • • • • • • • •		3.2 NAME		•		
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STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TTLE		DELETE	6.1 TITLE		_	Change	☐ Addition
NAME			6.2 NAME		and the same of th		
STREET ADDRESS	•		6.3 STREET ADDRESS		James of the same		
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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: