

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**  
 AMOUNT DUE ON OR BEFORE OCTOBER 12TH (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMAIN: \$375)

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

94 AUG 24 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J60452

(6)

1. Corporation Name

J.S. REALTY MANAGEMENT, INC.

Mailing Address  
7540 N.W. 5TH STREET  
PLANTATION FL 33317

Principal Place of Business  
7540 N.W. 5TH STREET  
PLANTATION FL 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address 21	2a. Principal Place of Business 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 03/03/1987	3a. Date of Last Report 04/28/1993
4. FEI Number 59-2783494	5. Certificate of Status Desired \$0.75 -Additional Fee Required <input type="checkbox"/>
	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>
	8. This corporation has liability for intangible tax under S-199.032. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SORDO, JORGE H.  
1010 NORTHWEST 98TH AVENUE  
PLANTATION FL 33322

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required at all times

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/P/S SORDO, JORGE H.	1.1 TITLE	
1.2 NAME	1010 NW 98TH AVENUE	1.2 NAME	
1.3 STREET ADDRESS	PLANTATION FL	1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP		1.4 CITY, ST, ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP		2.4 CITY, ST, ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect of a written or typed signature; that I am an officer or director of the corporation or the trustee or trustee empowered to execute the report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PRINTED, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED  
11/17/94  
3:22 PM  
FLORIDA SECRETARY OF STATE