FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K70455

(6)

JED PROPERTIES, INC.

FILED Mar 26 1997 8:00am Secretary of State

LINGER BREITER	LOCAL OROCA BRILLA DA	CONOLL CION: BERRE D	HERL MININ CIRCO HON
		 	
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Principal Place of Business C/O ROBERT M. ARLEN 1501 CORPORATE DR., STE. 200 BOYNTON BEACH FL 33426		Mailing Address C/O Robert M. Arlen 1501 Corporate Dr., Ste. 200 BOYNTON BEACH FL 33426-6654			1 (4)(4)(4) 21/1981 001/10184 81/19/10181 0/8/10 0/8/10 0/8/101/101/101/101/101/101/101/101/101/					
		DOTHI	UN BENUTI EL 33	420-0034			3. Date Incorporated or Qualified 03/06/1989		e of Last F 2/1996	leport
2, Principal F	ace of Business	2a. Ma	ling Address				4. FEI Number		A	pplied For
21		26				***	65-0117033			ot Applicable
Suite, Apt	#, € to.	27 Sul	te, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State		City	/ & State				6. Election Campaign Financing		\$5.00	May Be
23		28				·····	Trust Fund Contribution			to Fees
Zψ	Country	Zip		Co	untry		8. This corporation has liability for	ntangible t	gx under s	s. 199.032,
24	[25]	29		30				Yes 🔀		
	g. Name and Address of Current		3 Agent		81	Name	10. Name and Address of New Re	gistered A	gent	
	en, robert M., attorney at I	LAW			"	Name				
	1 CORPORATE DRIVE				82	Street Add	dress (P.O. Box Number is Not Acceptat	ile)	, , , , , , , , , , , , , , , , , , , ,	
	TE 200				83					
BOY	'NTON BEACH FL 33426				03					
I					64	City			85 Zip	Code
					┸┦		rporation submits this statement for the p	<u>FL</u>	<u> </u>	
SIGNATURE	Synative Give Lor primed harne of regionsed agric OFFICERS AND	and the fapp	hoable (NC		ed Age		ation's board of directors. I hereby acception and the second of directors. I hereby acception and the second of t	DATE		- 54 75 75 75 75 75 75 75 75 75 75 75 75 75
TITLE	DP		DELETE	1.1 1	IIILE				Change	Addition
NAME	SUGARMAN, RUBIN			1.21	NAME	İ				
STREET ADDRESS	4780 EXETER ESTATE LANE			1.33	STREET	ADDRESS				
City - \$1 - Zi ^(c)	LAKE WORTH FL			1.4 (CITY-S	T-ZIP				
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STREET ADDRESS				•		ADDRESS				
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NAME				1	NAME					
STREET ADDRESS						ADDRESS				
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NAME CANCEL ALCOURCE					NAME STORET	ADDOSCO.	·			
STREET ADORESS				- 1		ADDRESS				
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TITLE			FT D(TEIL		TITLE HAME	1		1	rueuße	☐ Youngell
NAME emperaturation				- 1	NAME Expect	Annaren				
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP				5.4	CITY-S	1-714				

14. If do hereby cert by 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) changed, or only attachment with an address.

SIGNATURE

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561-433-000