

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K78470 (7)**

1. Corporation Name
JML REALTY, INC.



Principal Place of Business: **% TIMOTHY S. SHAW, 720 SOUTH ORANGE AVENUE, SARASOTA FL 34236, US**
Mailing Address: **% TIMOTHY S. SHAW, POST OFFICE BOX 3798, SARASOTA FL 34230, US**

3. Date Incorporated or Qualified: **04/06/1989**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **65-0116171**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, TIMOTHY S.
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	ROSS, ALFRED S	
STREET ADDRESS	2780 SO OCEAN BLVD	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINSEY, THELMA R	
STREET ADDRESS	2770 SO OCEAN BLVD., #301N	
CITY - ST - ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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.

SIGNATURE: *[Signature]* 7-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

K78470

ENGELBERG, CANTOR & KUSHNER, P.A.

ATTORNEYS AT LAW
YANKEE CLIPPER CENTER
3230 STIRLING ROAD
HOLLYWOOD, FLORIDA 33021

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HOLLYWOOD (954) 966-3900
FAX (954) 981-2300

PALM BEACH OFFICE
125 WORTH AVENUE
PALM BEACH, FLORIDA 33480
TELEPHONE (407) 734-0440

FREDERICK LEONE, JR.
OF COUNSEL

PLEASE DIRECT ALL MAIL
TO HOLLYWOOD OFFICE

March 8, 1996

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Division of Corporations
Annual Reports Section
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: JML Realty, Inc.
1996 Annual Report

Gentlemen:

In connection with the above-referenced corporation, please find enclosed the following:

- (1) 1996 Profit Corporation Annual Report signed by Alfred S. Ross.
- (2) Check number 35, made payable to the Florida Department of Revenue in the amount of Two Hundred Dollars (\$200) representing the filing fee.

Kindly file the enclosed 1996 Profit Corporation Annual Report for JML Realty, Inc.

Thank you for your kind cooperation.

Sincerely,



LES KUSHNER
For the Firm

LK:vas

Enclosures

cc: Mr. Alfred S.
Mrs. Thelma Linsey