## 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 # L34649

(8)

Mailing Address

JL OF FT. PIERCE, INC.

Principal Place of Business

	ŀ	ILEL	)
Mar	10	1997	8:00am
Se	cret	tary of	f State

	BARIL BIELL	

% RICHARD P. 1855 PALM BE W. PALM BEAC	ACH LAKES BLVD., STE. 800	% RICHARD P. ZARETSKY 1655 PALM BEACH LAKES W. PALM BEACH FL 3340	BLVD., 8	STE. 900	Date Incorporated or Qualified     12/07/1989	3a. Date of Last 03/25/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<del> </del>	Applied For	1
21		26			65-0180870	<b>├</b>	Not Applicable	1
Suite Apt.	#. etc.	Suite, Apt #, etc.		···			Additional	1
22		27			6. Certificate of Status Desired		Required	J
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees	
<b>Ζ</b> ιρ <b>24</b>	Country 25	Zip 29	Сои <b>30</b>	ntry	8. This corporation has liability for in Florida Statutes	ntangible tax under Yes 🔲 No	s. 199.032,	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	gistered Agent		
	ETSKY, RICHARD P.		1	81 Name				
	5 Palm Beach Lakes Blvd. Te 900		į		fress (P.O. Box Number is Not Acceptab	le)		
W. F	PALM BEACH FL 33401			83				
				84 City		FL	p Code	
office or re	to the provisions of Soctions 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	le of Florida. Such change was a	authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing it the appointment	its registered as registered	
SIGNATURE								
	Signature my valor printed harve of registered a			Agent signature requ	ulred when reinstalling)  ADDITIONS/CHANGES TO OFFIC	DATE	200 IVI 40	12
12.	OFFICERS A	ND DIRECTORS  DELETE	13.	7 E	ADDITIONS/CHANGES TO OFFIC	Chang		Įğ
NAME	LEVIN, JAMES	Land Court in	1.2 NA					CR2E034 (9/96)
STREET ADDRESS	99 POWER HOUSE RD			REET ADDRESS				18
CITY-\$1-ZIP	ROSLYN HEIGHTS NY			TY-ST-ZIP				띯
TITLE	8	DELETE	2.1 TIT			☐ Chang	Addition	ठ
NAME.	LEVIN, MILTON		2.2 NA	ME				1
STREET ADDRESS	99 POWER HOUSE RD.		2.3 \$1	REET ADDRESS				1
CETY - ST - 7IP	Rosyln Heights Ny		2. 4 C	TY-ST-ZIP				]
TITLE		☐ DELETE	3.1 Til	LE		☐ Chang	e Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 \$T	REET ADDRESS				
City - St - ZiP			3.4. C	TY-\$T-ZIP				1
TITLE		☐ DELETE	4.1 Til	ILE		Chang	e 🔲 Addition	
NAME			4. 2 N.	AME				
STREET ADORESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP			4.4 Ct	TY-ST-ZIP				1
7111.6		☐ DELETE	5111			Chang	e Addition	
NAME			5.2 NA					
SUBEET ADORESS			- E	reet address				
COY+S1-ZIF		5.71 F.70		TY-ST-ZIP			A Manter	-
1111.6		DELETE	6,1 7(1		1	Chanç	e 🔲 Addition	
NAME			6.2 NA	1				
STREET ADDRESS				REET ADDRESS				
CITY-S1-ZIP			6.4 CI	TY - ST - ZIP				1

I do 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 d Block 13 if charged for or an attachment with an address.

**SIGNATURE:** 

1/21/9

(516)484-5900 Daytime Phone N