


FILED

Mar 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # L34649 (8)</b>		
<b>1. Corporation Name</b> <b>JL OF FT. PIERCE, INC.</b>		
<b>Principal Place of Business</b> <b>% RICHARD P. ZARETSKY</b> <b>1655 PALM BEACH LAKES BLVD., STE. 800</b> <b>W. PALM BEACH FL 33401</b>		<b>Mailing Address</b> <b>% RICHARD P. ZARETSKY</b> <b>1655 PALM BEACH LAKES BLVD., STE. 800</b> <b>W. PALM BEACH FL 33401-2253</b>
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>
<b>9. Name and Address of Current Registered Agent</b>		
<b>ZARETSKY, RICHARD P.</b> <b>1655 PALM BEACH LAKES BLVD.</b> <b>SUITE 900</b> <b>W. PALM BEACH FL 33401</b>		<b>81</b> Name <b>82</b> Street Address <b>83</b> <b>84</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>		
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)		
<b>12. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DP LEVIN, JAMES</b> <b>99 POWER HOUSE RD</b> <b>ROSLYN HEIGHTS NY</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S LEVIN, MILTON</b> <b>99 POWER HOUSE RD.</b> <b>ROSLYN HEIGHTS NY</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
<b>13.</b>		
<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>		
<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>		
<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>		
<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>		
<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>		
<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>		
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.</b>		
<b>SIGNATURE:</b> _____ <b>James P. Levin</b>		



CR2E034 (9/96)