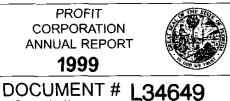
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am **Secretary of State**

03-08-1999 90051 008 ***150.00

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

J-L OF FT. PIERCE, INC. Mailing Address Principal Place of Business

29

9. Name and Address of Current Registered Agent

% RICHARD P. ZARETSKY % RICHARD P. ZARETSKY 1655 PALM BEACH LAKES BLVD., STE. 900 1655 PALM BEACH LAKES BLVD., STE. 900 DO NOT WRITE IN THIS SPACE W. PALM BEACH FL 33401 W. PALM BEACH FL 33401 3. Date Incorporated or Qualifed 12/07/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0180870 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Zip Country Zip 8. This corporation owes the current year intangible

ZARETSKY, RICHARD P. 1655 PALM BEACH LAKES BLVD. SUITE 900 W. PALM BEACH FL 33401

		Personal Property	lax.		L Tes	<u>□140</u>
	1	0. Name and Addre	ss of New Re	gistered A	gent	
81	Name					
82	Street Address	(P.O. Box Number is	Not Acceptable	le)		
83						
84	City				85 Zi	p 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.

30

-90	······································						•
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	aguired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		HANGES TO OFFICERS AND DIRECTO		
TITLE	DP D	ELETE	1.1 TITLE		-:	Change	☐ Addition
NAME	LEVIN, JAMES		1.2 NAME				
STREET ADDRESS	SO DOMED HOUSE DO		1.3 STREET ADDRESS				
CITY-ST-ZIP	ROSLYN HEIGHTS NY		1.4 CITY-ST-ZIP				
TITLE	\$	ELETE	2.1 TITLE	•		☐ Change	☐ Addition
NAME	LEVIN, MILTON	ļ	2.2 NAME				
STREET ADDRESS	99 POWER HOUSE RD.		2.3 STREET ADDRESS	-			
CITY-ST-ZIP	ROSYLN HEIGHTS NY		2.4 CITY-ST-ZIP	. <u> </u>			,
TITLE		ELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		•		
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		ELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS	i		4.3 STREET ADDRESS	•			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		·		
TITLE		ELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	• .	•		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		ELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	-	☐ Change	Addition
NAME			6.2 NAME	•	•		
STREET ADDRESS			6.3 STREET ADDRESS			•	
CITY-ST-ZIP			6.4 C/TY-ST-ZIP				

14. I 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 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 anatomic property with an address, with all other like empowered.

SIGNATURE:

5/6-484-5900