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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L88981

1. Corporation Name
J & J REALTY ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1990

4. FEI Number

59-3031122

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing ☐**\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGER, RONALD
5900 MIAMI LAKES DR.
MIAMI FL 33014

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PVD
AGER, RONALD
5900 MIAMI LAKES BLVD.
MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

1.2 NAME

CITY-ST-ZIP

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

2.2 NAME

CITY-ST-ZIP

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

3.2 NAME

CITY-ST-ZIP

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

CITY-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 attachment with an address, with all other like empowered.

SIGNATURE:

Ronald Ager
SIGNATURE REQUIRED RONALD AGER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

305-556-4601

Date

Daytime Phone #

CR2E034 (11/98)