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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M26536

(6)

J.E.G. ASSOCIATES, INC.

Sec	cret	ary	of	Sta	ate

**FILED** 

Feb 16 1998 8:00am

Principal Place of Business Mailing Address						41034 B1031 B1041 B1041 B1011 B1041 A061	
3620 N. 52ND ST. HOLLYWOOD FL 33021 US		Joseph G. Golan 86 via dei Foraggi ( Rome, Italy	86 VIA DEI FORAGGI -01186 ROMA		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					01/28/1986		
	ace of Business	<del></del>	2a. Mailing Address		4. FEI Number	Applied For	
21		Suite, Apt #, etc.	26 Suite Ant Hinto		59-2662080	Not Applicable	
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State	. — — — — — — — — — — — — — — — — — — —		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry	the current year Intangible		
24	25	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
	<u>x</u> ·	Current Hegistered Agent		B1 Name	10. Name and Address of New Aegi	stereu Agent	
GOLAN, AMNON 3620 N. 52ND ST.					(2.0.0.1)		
		1	82 Street Add	ress (P.O. Box Number is Not Acceptable	)		
110	LLYWOOD FL 33021			83		·	
			•	84 City		<b>85</b> Zip Code	
			]	Oily		FL   S   Zip Cook	
11. Pursuant t	to the provisions of Sections	607.0502 and 607.1508, Florida Statuthe State of Florida, Such change was	ites, the at	ove-named corp	poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing its registered the appointment as registered	
agent. I ar	m familiar with, and accept t	he obligations of, Section 607.0505, F	lorida Stati	ites.	, , , , , , , , , , , , , , , , , , , ,	,	
SIGNATURE	Signature, typed or printed hame of rec		u: p. 30	Agent signature requi		DATE	
12.		ERS AND DIRECTORS	13.	Agent algustura redoi	ADDITIONS/CHANGES TO OFFICE		
TITLE	DPT	DELETE	1,1 [1]	LE		Change Addition	
NAME	GOLAN, JOSEPH		1.2 NA	ME			
STREET ADDRESS	12 E 64TH ST.		1.3 ST	REE1 ADDRESS			
CITY-ST-ZIP	NEW YORK NY		1,4 0(1	Y-ST-ZIP			
TITLE	EVP	☐ DELETE	2.1 TIT	ļ		☐ Change ☐ Addition	
NAME	GOLAN, ESTHER		. 2.2 NA				
STREET ADDRESS	12 E 64TH ST. NEW YORK NY			REET ADDRESS			
CITY-ST-ZIP TITLE	S S	DELETE	2. 4 CI 3.1 TII	IY-ST-ZIP		☐ Change ☐ Addition	
NAME	GOLAN, ROMY C.		3.2 NA	i			
STREET ADDRESS	12 E 64TH ST.			REET ADDRESS			
CITY-ST-ZIP	NEW YORK NY		3.4. CI	IY-ST-ZIP			
TITLE		DELETE	4.1 (1)	LE		☐ Change ☐ Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STI	REET ADDRESS			
CITY-ST-ZIP		LIDUST		Y-ST-ZIP		Cl Change Cl Addition	
TITLE		☐ DELETE	51 TIT			Change Addition	
NAME STREET ADDRESS			52 NA				
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	61 TIT			☐ Change ☐ Addition	
NAME			6.2 NA			–	
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y - ST - 21P			

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