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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M26536

1. Corporation Name

J.E.G. ASSOCIATES, INC.

Principal Place of Business 3620 N. 52ND ST.	Mailing Address JOSEPH G. GOLAN			
HOLLYWOOD FL 33021 US	86 VIA DEI FORAGGI -01186 ROMA ROME, ITALY			
2. Principal Place of Business	2a. Mailing Address			
21	26			

FILED Mar 14, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address			į				
3620 N. 52ND ST. JOSEPH G. GOLAN									
HOLLYWOOD FL 33021 86 VIA DEI FORAGGI -01186 R US ROME, ITALY			ROMA						
						DO NOT WRITE IN THIS SPACE			
ı					-	3. Date Incorporated or Qualifed			
						01/28/1986			
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		- i	Applied For
26		26				59-2662080			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
27					S. Controlle of Clarke Doorse		Fee I	Required	
City & State City & State					6. Election Campaign Financing	_ ·-	\$5.0	O May Be	
23 28						Trust Fund Contribution		Adde	d to Fees
Zip	Country Zip			ry		8. This corporation owes the curre	ent year Inta	_	
24	25	293	0			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New R	egistered A	Agent	
			8	1 1	Name				į
	an, amnon			2 .	Street Address	o /B O. Boy Number is Not Accepta	ble)		
3620) N. 52ND ST.		0	82 Street Address (P.O. Box Number is Not Acceptable)					ſ
HOLI	LYWOOD FL 33021		8	3				/- ·	_ ~_ ~
							`		
			8	4 (City		FL	85 Zij	p Code
11 Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida Statutes	the abo	ve-n	named corpora	ation submits this statement for the	ourpose of o	changing i	its registered
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change was auth	norized b	y the	e corporation	s board of directors. I hereby accept	t.tne appoin	itment as	registereal
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Florid	a Statute	? \$.		32.000	. 45 12	it jidd of	laste de
SIGNATURE	Signature, typed or printed name of registered	AVOTE: D			ignature required w	han minatalian)	DATE		
12.		AND DIRECTORS	13.	laur se	ignatore required w	ADDITIONS/CHANGES TO OFF		DIRECT	TORS IN 12
TITLE	DPT	DELETE	1.1 TITLE	:		ADDITIONO/OTATOLE TO STI	TOLITO 741	☐ Change	
	GOLAN, JOSEPH								
NAME	· · · · · · · · · · · · · · · · · · ·		1.2 NAME						1
STREET ADDRESS	12 E 64TH ST.		1.3 STRE						Ì
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-		ZIP				- A 1420
TITLE	EVP	☐ DELETE	2.1 TITLE					Change	e
NAME	GOLAN, ESTHER		2.2 NAME	•	1				
STREET ADDRESS	12 E 64TH ST.		2.3 STRE	ET AD	DORESS				Į
CITY-ST-ZIP	NEW YORK NY		2.4 CITY	2. 4 CITY-ST-ZIP					
TITLE	\$.	☐ DELETE	3.1 TITLE					☐ Change	e
NAME	GOLAN, ROMY C.		3 2 NAME	Ē		_	_		}
STREET ADDRESS	12 E 64TH ST.	· ·		ET AD	ODRESS				1
CITY-ST-ZIP	NEW YORK NY		3.4. CITY	-					ļ
TITLE		☐ DELETE	4.1 TITLE		<u>-</u>			☐ Change	e Addition
NAME		<u> </u>	4. 2 NAMI					•	_
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NAME			5.2 NAME		1				1
STREET ADDRESS			5.3 STRE		1				ļ
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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. 6.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: OF SIGNING OFFICER OR DIRECTOR