

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000006276 (9)

1. Corporation Name

J & A PROPERTY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

5310 N. STATE RD. 7  
FT. LAUDERDALE FL 33319

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FT. LAUDERDALE FL 33319

3. Date Incorporated or Qualified  
11/18/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, JUDY  
5310 N. STATE RD. 7  
SUITE D  
FT. LAUDERDALE FL 33319

81 Name

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

83

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 state application

(Initials Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE

☐ Change ☐ Addition

NAME  
GOODMAN, ROBERT  
STREET ADDRESS  
9550 SHADOW WOOD LANE  
CITY-ST-ZIP  
CORAL SPRINGS FL

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE

☐ Change ☐ Addition

NAME  
COHEN, JUDY  
STREET ADDRESS  
6488 VIA ROSA  
CITY-ST-ZIP  
BOCA RATON FL

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judy Cohen JUDY COHEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/96 954-731-6700  
DATE DAYTIME PHONE #

CR2E034 (3/96)