

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000006276 (9)
1. Corporation Name

J & A PROPERTY MANAGEMENT, INC.



Principal Place of Business: **5310 N. STATE RD. 7 FT. LAUDERDALE FL 33319**
Mailing Address: **5310 N. STATE RD. 7 FT. LAUDERDALE FL 33319**

3. Date Incorporated or Qualified: **11/18/1992** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0371320** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt #, etc; City & State; Zip; Country
26, 27, 28, 29, 30: Suite, Apt #, etc; City & State; Zip; Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 date of signature. (NOTE: Registered Agent signature required when re-registering.)

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
TITLE: DELETE
NAME: **D GOODMAN, ROBERT**
STREET ADDRESS: **9550 SHADOW WOOD LANE**
CITY - ST - ZIP: **CORAL SPRINGS FL**
TITLE: DELETE
NAME: **DPT COHEN, JUDY**
STREET ADDRESS: **6488 VIA ROSA**
CITY - ST - ZIP: **BOCA RATON FL**
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME: _____
13 STREET ADDRESS: _____
14 CITY - ST - ZIP: _____
21 TITLE: Change Addition
22 NAME: _____
23 STREET ADDRESS: _____
24 CITY - ST - ZIP: _____
31 TITLE: Change Addition
32 NAME: _____
33 STREET ADDRESS: _____
34 CITY - ST - ZIP: _____
41 TITLE: Change Addition
42 NAME: _____
43 STREET ADDRESS: _____
44 CITY - ST - ZIP: _____
51 TITLE: Change Addition
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY - ST - ZIP: _____
61 TITLE: Change Addition
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 NUMBER

CR2E034 (3/96)