Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90249 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300003190

| 1, Corporation | n Name | 3000.00 | | | | | |
|---|---|---|--|---|---|-------------------------------------|--------------------------------------|
| JL VENT | URES, INC. | | | | · | | |
| | | | | | # 100 (100) 110 10110 15111 10151 10111 11511 | | 1830 43 00 1880 |
| | | | | | | | |
| Principal Place | e of Business | Mailing Address | | <u> </u> | - I FEBREOR FIN INTER THEIR CORRECTION | II BOILE BOEBO ISEBU SIBEO | 10101 0011 1001 |
| 1551 FORUM P | | 1551 FORUM PLACE | | | | | |
| STE 500D STE 500D | | | | | | | |
| WEST PALM BEACH FL WEST PALM BEACH FL | | | | | DO NOT WRITE IN THIS SPACE | | |
| US US | | | | 3, Date Incorporated or Qualifed | | | |
| | | | | | 01/11/1993 | | |
| Principal Place of Business 2a. Mailing Ad | | 2a. Mailing Address | | | 4. FEI Number | Ap | plied For |
| 26 | | 26 | | | <u>59-3164520</u> | | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 | |
| 22 | | 27 | | | 3. 657415 2 15 51 51415 2 54115 2 | Fee Re | |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | 28 | | | Trust Fund Contribution | Added t | to Fees |
| Zip | Country | Zip | Country | <i>'</i> | 8. This corporation owes the current year. | | |
| 24 | 25 | | 30 | | Personal Property Tax. | | □No _ |
| | 9. Name and Address of Curre | ent Registered Agent | - | I N | 10. Name and Address of New Regis | tered Agent | |
| NEW | MANI HOWADD D | | 81 | Name | | | |
| NEWMAN, HOWARD P | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| 1551 FORUM PLACE SUITE 400-B | | | | ļ | <u> </u> | | |
| | T PALM BEACH FL | | 83 | 1 | | | , |
| WES | OF PAUM BEACH FL | | 84 | City | | 85 Zip (| Code |
| | | | | | · | FL | |
| 11. Pursuant | to the provisions of Sections 607.05 | 502 and 607.1508, Florida Statute | s, the above | e-named corpo | oration submits this statement for the purpon's board of directors. I hereby accept the | ose of changing its | registered |
| | | | | | | | |
| office or r | m familiar with, and accept the oblig | gations of, Section 607.0505, Flori | ida Statutes | trie corporations. | ing board of directors. Thereby accept the | •• | Ĭ |
| agent. I a | m familiar with, and accept the oblig | gations of, Section 607.0505, Flori | ida Statutes | ille corporations. | To board of directors. Thereby becopt the | | |
| office of r agent. I a SIGNATURE | m familiar with, and accept the oblig | gations of, Section 607.0505, Flori gent and title if applicable (NOTE: | ida Statutes | nt signature required | when reinstating) D. | ATÉ | |
| agent. I a | m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A | gations of, Section 607.0505, Flori gent and title if applicable (NOTE: AND DIRECTORS | Registered Ager | · | | ATÉRS AND DIRECTO | PRS IN 12 |
| agent. I a SIGNATURE | Signature, typed or printed name of registered as OFFICERS A | gations of, Section 607.0505, Flori gent and title if applicable (NOTE: | Registered Age | · | when reinstating) D. | ATÉ | |
| agent. I a SIGNATURE 12. | Signature, typed or printed name of registered as OFFICERS A | gent and title if applicable (NOTE: AND DIRECTORS | Registered Agei 13. 1.1 TITLE 1.2 NAME | nt signature required | when reinstating) D. | ATÉRS AND DIRECTO | PRS IN 12 |
| agent. I a SIGNATURE 12. TITLE | Signature, typed or printed name of registered as OFFICERS A P LANDIS, JACK 1551 FORUM PLACE SUITE 5 | gent and title if applicable (NOTE: AND DIRECTORS | Registered Agei 13. 1.1 TITLE 1.2 NAME | · | when reinstating) D. | ATÉRS AND DIRECTO | PRS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered as OFFICERS A | gent and title if applicable (NOTE: AND DIRECTORS DELETE | Registered Agei 13. 1.1 TITLE 1.2 NAME | nt signature required | when reinstating) D. | ATE RS AND DIRECTO | PRS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered as OFFICERS A P LANDIS, JACK 1551 FORUM PLACE SUITE 5 | gent and title if applicable (NOTE: AND DIRECTORS | Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE | nt signature required | when reinstating) D. | ATÉRS AND DIRECTO | PRS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered as OFFICERS A P LANDIS, JACK 1551 FORUM PLACE SUITE 5 | gent and title if applicable (NOTE: AND DIRECTORS DELETE | Registered Aget 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S | nt signature required | when reinstating) D. | ATE RS AND DIRECTO | PRS IN 12 |
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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(5)(1), 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

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE REQUIRES
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Pr