Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90029 046 ***150.00

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 # P9300054729

1. Corporation Name

J M PROPERTIES OF SOUTH FLORIDA, INC.

	•								
Principal Place of Business Mailing Address			ss				(
3201 N FEDERAL HIGHWAY 3201 N FEDERAL HIGHWAY									
SUITE 300 SUITE 300									
FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306							DO NOT WRITE IN THIS SPACE		
'	•		1				3. Date Incorporated or Qualifed 08/05/1993		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For		
							65-0431631 Not Applicable		
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				<u>·</u>			\$8.75 Additional		
<u> </u>							5. Certificate of Status Desired Fee Required		
22 27							6. Election Campaign Financing - \$5.00 May Be -		
							Trust Fund Contribution Added to Fees		
23 28				Country			8. This corporation owes the current year Intangible		
	25 29 30			¬ ´			Personal Property Tax.		
24	9. Name and Address of Curre			<u> </u>			10. Name and Address of New Registered Agent		
				81	I	lame			
NOR	DAL, JONAS S				<u> </u>		(D.C. D. M. A. C. M. A. C. M. A. C. C. M. A. C.		
3201 N FEDERAL HIGHWAY				82 Street Addres			ss (P.O. Box Number is Not Acceptable)		
SUITE 300						_			
	T LAUDERDALE FL 33306				-	_			
				84	C	City	FL 85 Zip Code		
11. 5		00 and 607 4500 FI	orido Statutas	the phow		amad carpa	ration submits this statement for the purpose of changing its registered		
i office or r	egistered agent, or both, in the State	e of Florida. Such ch	ange was autr	iorizea by	tne	corporation	allors submits this statement for the purpose of statistics and of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obliga	ations of, Section 60	7.0505, Florid	a Statutes	3 .				
SIGNATURE			2.075		-4 -7-		when reinstation) DATE		
	Signature, typed or printed name of registered age	ND DIRECTORS	(NOTE: RE	13.	nt sig	mature required t	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	D OFFICERS A		DELETE	1.1 TITLE			☐ Change ☐ Addition		
{	NORDAL, JONAS S			1.2 NAME					
AGGA AL EEDEDAL HICKBAAY 4000				1.3 STREET ADDRESS		DRESS			
FORT LAURERDALE EL 20000				1.4 CITY-ST-ZIP		l			
CITY-ST-ZIP	D		DELETE	2.1 TITLE) I - Z II	<u> </u>	☐ Change ☐ Addition		
TRLE	T		, 522212	2.2 NAME			- · -		
NAME	SAGER, MARK L	#300			T 4 D	00500			
STREET ADDRESS	3201 N FEDERAL HIGHWAY,			2.3 STREET					
CITY-ST-ZIP	FORT LAUDERDALE FL 33306		1 DELETE	2.4 CITY-S 3.1 TITLE	51-Z	<u> </u>	☐ Change ☐ Addition		
TITLE	,	<u>.</u>	, 0000]			
NAME				3.2 NAME	T 1 C				
STREET ADDRESS				3.3 STREET					
CITY-ST-ZIP			DELETE	3.4. CITY- S	ST-Z	P	Change Addition		
TITLE		Ļ] DELETE	4.1 T(TLE			: Ondings : Hadison		
NAME				4, 2 NAME					
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP				4.4 CITY-S	T-ZI	Р	Charge Addition		
TITLE		L] DELETE	5.1 TITLE			Change Addition		
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET		4			
CITY-ST-ZIP				5.4 CITY-S	T-ZI	Р			
TITLE] DELETE	6.1 TITLE			Change Addition		
NAME	1. C. C.			6.2 NAME					
				6.3 STREET	TAD	npess l			

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 supplementation indicated on this annual report or supplementation 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 precious of trustee indicated 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 as a practically with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

954-565-5999