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Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90018 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000062037

1. Corporation Name

JIL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~3099 COMMERCIAL BLVD.~~  
~~SUITE 200~~  
~~FT. LAUDERDALE FL 33308~~

~~3099 COMMERCIAL BLVD.~~  
~~SUITE 200~~  
~~FT. LAUDERDALE FL 33308~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1993

4. FEI Number

65-0480942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 C/O JOSIAS, GOREN, CHEROF,  
DOODY & EZROL, P.A.

2a. Mailing Address  
26 C/O JOSIAS, GOREN, CHEROF,  
DOODY & EZROL, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3099 E. Commercial Blvd., #200  
City & State

27 3099 E. Commercial Blvd., #200  
City & State

23 Fort Lauderdale, Florida

28 Fort Lauderdale, Florida

Zip

Country

Zip

Country

24 33308

25 U.S.A.

29 33308

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~JOSIAS, STEVEN L ESQ~~  
~~3099 E. COMMERCIAL BLVD.~~  
~~SUITE 200~~  
~~FT. LAUDERDALE FL 33308~~

81 Name GOREN, SAMUEL S.

82 Street Address (P.O. Box Number is Not Acceptable)  
3099 E. Commercial Blvd.

83 Suite 200

84 City Fort Lauderdale

FL

85 Zip Code  
33308

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

*Samuel S. Goren*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME DPS  
STREET ADDRESS LATNER, JOSHUA I  
CITY-ST-ZIP 1121 CRANDON BLVD  
KEY BISCAYNE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

Joshua Latner

SIGNATURE:

Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1999

(416) 487-1100

Date

Daytime Phone #

CR2E034 (11/98)