FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000042424 (9)

DOCUMENT # JLT REALTY CORP. Principal Place of Business Mailing Address 1000 QUAYSIDE TERR 1000 QUAYSIDE TERR APT 603 APT 603 MIAMI FL 33138 MIAMI EL 33138 'DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0495995 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TELOWITZ, JULIUS 1000 QUAYSIDE TERRACE Street Address (P.O. Box Number is Not Acceptable) **APT 603 MIAMI FL 33138** 83 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 title if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change TELOWITZ, JULIUS NAME 1.2 NAME **2E034** 1000 QUAYSIDE TERR APT 603 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33138 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ___ Addition NAME TELOWITZ, FAY 2.2 NAME 1000 QUAYSIDE TERR APT 603 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33138** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME ATTERMAN, GAIL 3.2 NAME 1000 QUAYSIDE TERR APT 603 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33138 CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition NAME. 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 Acorphration 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 charged, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 28 1998 8:00am

Secretary of State