

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0040028

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT -7 AM 10:48

**DOCUMENT # P94000042424**  
 1. Corporation Name  
**JLT REALTY CORP.**



Principal Place of Business 1000 QUAYSIDE TERR APT 603 MIAMI FL 33138	Mailing Address 1000 QUAYSIDE TERR APT 603 MIAMI FL 33138
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>06/07/1994</b>	
4. FEI Number <b>65-0495995</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**TELOWITZ, JULIUS  
 1000 QUAYSIDE TERRACE  
 APT 603  
 MIAMI FL 33138**

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 607.1505, Florida Statutes.

SIGNATURE: *Julius Telowitz* (NOTE: Registered agent signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>TELOWITZ, JULIUS</b>	
STREET ADDRESS <b>1000 QUAYSIDE TERR APT 603</b>	
CITY-ST-ZIP <b>MIAMI FL 33138</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>TELOWITZ, FAY</b>	
STREET ADDRESS <b>1000 QUAYSIDE TERR APT 603</b>	
CITY-ST-ZIP <b>MIAMI FL 33138</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ATTERMAN, GAIL</b>	
STREET ADDRESS <b>1000 QUAYSIDE TERR APT 603</b>	
CITY-ST-ZIP <b>MIAMI FL 33138</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*J.T. From Revenue \$150.00*  
*10/5*

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.

SIGNATURE: *Julius Telowitz* Date: \_\_\_\_\_ District Phone #: \_\_\_\_\_

CR2E034 (5/99)

**SCHIMMEL AND SCHIMMEL**  
CERTIFIED PUBLIC ACCOUNTANTS

19 WEST 44TH STREET  
NEW YORK, N.Y. 10036  
(212) 840-0893  
FAX (212) 784-8727

July 14, 1999

Florida Department of Revenue  
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: JLT Realty Corp.  
P 940000 42424  
65-0495995

Gentlemen:

With reference to your second notice for the filing of the 1999 corporation annual report, please be advised that the taxpayer claims the report was timely filed in January 1999.

I am enclosing herewith a signed copy of the report filed together with a copy of the cancelled check paying the annual fee.

Would you please adjust your records accordingly.

Very truly yours,



ARNOLD SCHIMMEL

AHS/rs  
enclosures

CNPPPT2 - 01 RUN DATE 09/15/1999 AS OF 09/15/1999  
SAMAS - CENTRAL ACCOUNTING

450000  
PAGE 1

POSTED JOURNAL TRANSACTIONS BY SMDN WITHIN INITIATING OTO AND SITE

AUDIT LOCATION - STATEWIDE  
OTO 450000 - DEPARTMENT OF STATE  
SITE - NO TITLE

SMDN C0000006540 ADOONO DOR114

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT
45 20 2 130001 45300000 00 000100 00	45	0010		150.00
TRANSACTION CODE TOTAL - 45				150.00

ACCOUNT CODE	BENEFITTING DATA	CF	TC	OBJECT

TR 96

45301010

RR

001015

000100

SEP 15 1999