

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

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044732 (3)

1. Corporation Name
JOG ROAD PROPERTIES, INC.



Principal Place of Business: **12000 BISCAYNE BLVD. C/O G MOSS SUITE 508 MIAMI FL 33181 US**
Mailing Address: **12000 BISCAYNE BLVD., C/O G MOSS SUITE 508 MIAMI FL 33181 US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **06/14/1994**
4. FEI Number: **65-0499978** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**-- GOLDSTEIN, MARK B --
-- 1000 S. FEDERAL HWY --
-- SUITE 202 --
-- FT. LAUDERDALE FL 33316 --**

10. Name and Address of New Registered Agent
81 Name: **GERARD G. MOSS**
82 Street Address (P.O. Box Number is Not Acceptable): **12000 BISCAYNE BLVD. SUITE 508**
83
84 City: **MIAMI, FL** **85** Zip Code: **33181**

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: *Gerard G. Moss* **4/17/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPR	<input type="checkbox"/> DELETE
NAME	WINFRIED KOELLMANN	
STREET ADDRESS	KRONBRUCH 11	
CITY-ST-ZIP	HEILIGENRODE GE	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STEFANIE KOELLMANN	
STREET ADDRESS	KRONBRUCH 11	
CITY-ST-ZIP	STUHR 1 HEILIGENRODE GE	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GERARD G MOSS	
STREET ADDRESS	12000 BISCAYNE BLVD., SUITE 508	
CITY-ST-ZIP	MIAMI FL	
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	

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.

CF2E034 (10/97)