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 # P94000044732

1. Corporation Name

JOG ROAD PROPERTIES, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90029 010 ***150.00



| Principal Place of Business Mailing Address | | | | | | | | | |
|--|--|-----------------------------------|-----------------------|--------------------|---|---|-------------------|------------------|----------------|
| ZOOU BISCAYNE BLVD. C/O G MOSS 12000 BISCAYNE BLVD C/O | | | | S | | | | | |
| 508 FL 33181 | | SUITE 508 MIAMI FL 33181 US | | | OO NOT WE! | TE IN TUIC | SPACE | | |
| | | | | | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/14/1994 | | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | = -= - | ** / | Applied For |
| ! | | 26 | | | | 65-0499978 | | | lot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | |
| Zip | Country | Zip | Count | try | | 8. This corporation owes the curr | ent year in | | _ |
| ! | 25 | | 30 | | | Personal Property Tax. | | □Yes | □No |
| | 9. Name and Address of Currer | it Registered Agent | | T | | 10. Name and Address of New F | Registered | Agent | |
| MOG | SS-AFARAGEA GERAF | {D (. | } [| 81 | Name | | | | |
| | SS, -œeoroe=o | | 18 | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | MI FL 33181 |) | Į. | 83 | | | | | |
| TO THE T | | | ' | 0.5 | | | | | |
| | | | 1 | 84 | City | | FL | 85 Zip | Code |
| wa tilist | Signature, typed or printed name of registered age | | | gent | signature require | ed when reinstating) | DATE | | |
| • | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | FICERS A | ND DIRECT Change | |
| | DPR | ☐ DELETE | 1.1 TITL | | } | | | | L. Additio |
| - | Winfried Koellmann Kronsbruch 11 | | 1.2 NAM | | ADDRESS | | | | |
| _ : ADDRESS | HEILIGENRODE GE | | 1.3 STR | | 1 | • | | | |
| ST ZIP | DVP | ☐ DELETE | 2.1 1111 | | -21 | | | Change | Additio |
| | STEFANIE KOELLMANN | | 2.2 NAM | ľΕ | . | <u>.</u> | - | | |
| : ADDRESS | LIBONIODO IOU 44 | | 2.3 STRI | 3 STREET ADDRESS | | | | | |
| ST-ZIP | STUHR 1 HEILIGENRODE GE | | 2.4 CITY | Y-ST | r-ZIP | | | | |
| | DST | ☐ DELETE | 3.1 TITLI | E | | | | Change | e |
| | GERARD G MOSS | | 3.2 NAM | | | | | | |
| 1 ADURESS | 1 - ' ' ' | | | 3.3 STREET ADORESS | | | | | |
| ST ZIP | MIAMI_FL | □ D£LETE | 3.4, CITY 4.1 TITU | _ | - ZIP | | | Change | e |
| = | | | 4.2 NAM | | | | | • | _ |
| ADDRESS | 3 | | | | ADDRESS | | | | |
| ST-ZIP | | | 4.4 CITY | /-ST- | -ZIP | | | | |
| | | ☐ DELETE | 5.1 TITU | | | • | | Change | Additio |
| | | | 5.2 NAM | | | | • | | |
| _I ALXDRESS | 3 | | ľ | | ADDRESS | | | • | |
| ST-ZIP | | ☐ DELETE | 5.4 CITY 6.1 TITL | | - ZIP | | | ☐ Change | Additio |
| | | □ neresc | 6.2 NAM | | | | | | |
| FAIRDNESS | | | | | ADORESS | | | | |
| I MI UMESS | ή | | 1 | | 710 | | | | |

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 of 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR