

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000056418 (4)

1. Corporation Name
JEFFERSON TOWNHOMES II, INC.



Principal Place of Business: **4315 PRAIRIE AVENUE MIAMI BEACH FL 33140**
Mailing Address: **4315 PRAIRIE AVENUE MIAMI BEACH FL 33140**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
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3. Date Incorporated or Qualified: **07/29/1994**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **65-0499316**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FILINGS INC.
3732 N.W. 16TH ST.
FT LAUDERDALE FL 33311**

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 **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0604, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------------|-----------------------------|---------------------------------|
| 1. NAME | D DEUTSCH, ANNIE B | <input type="checkbox"/> DELETE |
| 2. STREET ADDRESS | 4315 PRAIRIE AVE. | |
| 3. CITY, STATE, ZIP | MIAMI BEACH FL 33140 | |
| 4. NAME | D BURSTYN, JEREMIAH | <input type="checkbox"/> DELETE |
| 5. STREET ADDRESS | 4315 PRAIRIE AVE. | |
| 6. CITY, STATE, ZIP | MIAMI BEACH FL 33140 | |
| 7. NAME | | <input type="checkbox"/> DELETE |
| 8. STREET ADDRESS | | |
| 9. CITY, STATE, ZIP | | |
| 10. NAME | | <input type="checkbox"/> DELETE |
| 11. STREET ADDRESS | | |
| 12. CITY, STATE, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------|---|
| 1. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME | |
| 6. STREET ADDRESS | |
| 7. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME | |
| 9. STREET ADDRESS | |
| 10. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. NAME | |
| 12. STREET ADDRESS | |
| 13. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in BR99K-12 or BR99K-13 if changed, or as an attachment with an address.

SIGNATURE: *Annie B. Deutsch* **ANNIE B. DEUTSCH** 1/16/96 305-534-3462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)