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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080103 (2)

JDA PROPERTIES, INC.

Principal Place of Business Mailing Address				- TREATER TO THE BOST OF BRITINGS	I MUSAUS INTER NOTALS ALUSS AND TO ESTE IN DE
7040 W. PALMETTO PARK ROAD. SUITE 167 BOCA RATON FL 33433 7040 W. PALMETTO PARK BOCA RATON FL 33433-34					
				3. Date Incorporated or Qualified 11/01/1994	3a. Date of Last Report 05/01/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
ri		26		65-0532267	Not Applicable
Suite, Apl. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in	ntangible taxtunder s. 199.032, Yes [V No
g Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
11. Pursuant office or ragent if a	to the requisions of Sections 607.00	7 Euros A Terros Agents Agents St. 3 3 4 3 7 502 and 607.1508, Florida St. 1e of Florida. Such change w gations of Section 607.0505	atutes the above period per	poration submits this statement for the pation's board of directors. I hereby accept	FL 85 Zip Code 373 y 37 urpose of changing its registered at the appointment as registered
SIGNATURE	Signature, Typest or princed name of registered a	igent and little if applicable	NOTE: Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
T∂†L E	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	GALANTER, JEROME		12 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 City-St-ZiP		
TIFLE		DELETE	2.1 THTLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST- ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
CIBECT AUGUSTS	1		2.2 CTOCKT ANNOUSES		

14. Ido 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 appears in Eport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the control of th

64 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE

CHY-ST- 2P

STREET ADDRESS

CITY - S1 - ZIP

CITY-ST-7IF

STREET ADDRESS

CITY-ST-ZIF

TITLE

NAMS

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NINGE OF BIGNAND OFFICER OR DIMECTOR

3/25/97 Date: Payame Phone

Change

Change

Change

Addition

■ Addition

Addition

FILED

Mar 28 1997 8:00am

Secretary of State