PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

02-22-1999 90032 006 ***150.00

DOCUMENT # **P94000086640**1. Corporation Name

JANE HOLZ REALTY, INC.

Principal Place of Business 771 VILLAGE BLVD WEST PALM BEACH FL 33409 Mailing Address

771 VILLAGE BLVD

WEST PALM BEACH FL 33409

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					DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 01/01/1995					
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			65-0537039			t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 /	Additional	
22	•	27			5. Certificate of Status Desired		Fee Re	quired	
City & State	e	City & State		 -	6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added t		
Zip	Country	Zíp	Count	ry	8. This corporation owes the cur	rent vear Inta	naible		
24	25	29 30		•	Personal Property Tax. ☐ Yes ☐ No				
24)	9. Name and Address of Current	, 	<u>'</u>		10. Name and Address of New	Registered /	agent		
	J. Hallo dita Alaa alaa alaa alaa alaa alaa alaa al		8	11 Name			,		
WAR	RD, PHILIP H III		L						
1555	5 PALM-BEACH-LAKES BLVD	4420 Seacor	v 8	Street Add	eet Address (P.O. Box Number is Not Acceptable)				
SUIT	1D, PHILIP THE FRAIM BEACH LAKES BLVD FE 1000 BT PALM BEACH FL 33401	Circles	8	13	· · · · · · · · · · · · · · · · · · ·				
WES	ST PALM BEACH FL 33401	UPR ID 3340	ァー	~		•	•		
		OID, JA 30 to.	8	4 City	* .	FI	85 Zip (Code	
	to the provisions of Sections 607.0502	CO7 1500 Florida Statutas	the sha	wo named par	position submits this statement for the		changing its	registered	
office or re agent. I a	egistered agent, or both, in the State or familiar with, and accept the obligati	f Florida. Such change was auth	orized b	by the corporati	on's board of directors. I hereby acce	pt the appoin	itment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ag	gent signature require	ed when reinstating)	DATE			
12.			13.		ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 12	
TITLE	PVST	☐ ĐELETE	1.1 TITLE	· ·			☐ Change	☐ Addition	
NAME	HOLZ, JANE	i	1.2 NAMI	E	•			•	
STREET ADDRESS	771 VILLAGE BLVD, STE 205		1.3 STRE	EET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY	. ST. 7IP					
TITLE	WEST TALK BETOTTE	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
	}		2.2 NAMI	1				ľ	
NAME				ET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	2.4 CITY	-ST-ZIP			☐ Change	Addition	
TITLE		CJ DECETE			•	•			
NAME			3.2 NAMI					l	
STREET ADDRESS			3.3 STRE	EET ADDRESS				l	
CITY-ST-ZIP				/-ST-ZIP			/7 Charact	☐ Addition	
TITLE		☐ DELETE	4.1 TITLE				Change		
NAME			4. 2 NAM						
STREET ADDRESS			4.3 STRE	EET ADDRESS					
CITY-ST-ZIP			4.4 CITY						
TITLE		☐ DELETE	5.1 TITLE	1	• • • •		Change	Addition .	
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STRE	EET ADDRESS					
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	: T			Change	☐ Addition	
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 STRE	EET ADDRESS					
CITY, CT. 7ID			6.4 CITY	·	•••				
CHY.SI.7P	1	1	- v v i						

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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED

Daytime Phone #

CR2E034 (11/98)