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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000089560 (4) FILED.

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SHORE FARY OF STATE

1. Corporatio	on Name JMA GRO	UP, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()				TALLAHASSEE, FL	ORIDA			
Principal Plac	e of Busines		Mailin	g Address					II BOIOF HAA		110 5611 1561	
2112 NORTH 15TH STREET 2112 NORTH 15TH STREET SUITE 101 SUITE 101							į	DO NOT WRITE	ІМ ТЫІС С	DACE		
TAMPA FL 3:	3605		†AM}	PA FL 33605				3. Date Incorporated or Qualified	114 11113 3	PACE		
								12/12/1994				
2. Principal P	lace of Busin	10\$\$	2a. Ma	2a. Mailing Address				4. FEI Number			oplied For	
21			26	<u> </u>				59- <u>3263790</u>			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27								5. Certificate of Status Desired	X		Additional equired	
City & Stat	e			City & State				6. Election Campaign Financing		\$5.00	May Be	
23			28	28				Trust Fund Contribution		Added	to Fees	
Zip	· — ·			Zip Cour			8. This corporation owes or h		s paid the current year Intangible			
24	25		29			30		Personal Property Tax due June 30. Yes No				
		and Address of Curr	ent Registere	d Agent		41 No.		10. Name and Address of New Re	gistered A	gent		
	PARR, MICH				8							
2112 NORTH 15TH STREET						2 Street	Addres	ddress (P.O. Box Ny 16) (1810) (1816)				
SUITE 101 TAMPA FL 33605						3		=04/27/98=-01133012 ****158.75 ****158.				
· ·	MICK FL 33	003			8	4 0:5		********	J. (5	****1		
						'			FL		Code	
11. Pursuant office or r agent. I a SIGNATURE		MANNY					_	alion submits this statement for the p i's board of directors. I hereby accep	urpose of t the appo	changing it intment as 2-93	s registered registered	
12.	Stonety le lyply		Igent and title if app ND DIRECTO		13.	gent signature	beriupar e	when reinstating) ADDITIONS/CHANGES TO OFFIC	EDC AND	DIRECTOR)C IN 12	
TITLE	PSD	OFFICEROA	NO DIFFECTO	DELETE	1.1 TITLE]	ADDITIONS/CFIANGES TO OFFICE	LIIS AND	Change	Addition	
NAME		LEN, THOMAS J JR		•	1.2 NAM		1			_ •	_	
STREET ADDRESS		1.3 STREET ADDRESS										
CITY-ST-ZIP	CITY-ST-ZIP TAMPA FL 33605				1.4 CITY	- \$1 - ZIP						
TITLE	VTD			☐ DELET E	2.1 TITLE					Change	Addition	
NAME		MICHAEL D			2.2 NAM		l					
STREET ADDRESS	4,121,111111111111111111111111111111111						1					
CITY-ST-ZIP	TAMPA	FL 33605			2.4 CITY							
TITLE				☐ DELETE	3.1 TITLE				l	Change	☐ Addition	
NAME					3.2 NAM		Ì					
STREET ADDRESS					1	et address						
CITY-ST-ZIP TITLE				DELETE	3.4. CITY 4.1 TITLE					Change	Addition	
NAME				Diction .	4. 2 NAM	3			'	Onengo		
STREET ADDRESS						et adoress						
CITY-ST-ZIP					4.4 CITY							
TITLE				DELETE	5.1 TITLE					Change	Addition	
NAME					5.2 NAM		1				ļ	
STREET ADDRESS						ET ADDRESS					İ	
CITY-ST-ZIP					5.4 CITY	-ST <u>-21P</u>						
TITLE				☐ DELET E	6.1 TITLE					Change	Addition	
NAME					6.2 NAM						13/2/10	
STREET ADDRESS					6.3 STRE	ET ADDRESS				,	J/W	
CITY-ST-ZIP	1				6.4 CITY	· ST · ZIP					-u	

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.