

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90038 031 ***150.00

0461339

DOCUMENT # P95000002047

1. Corporation Name

J & M CONSULTANTS, INC.



Principal Place of Business

2361 KINGSLAKE BLVD
NAPLES FL 34112
US

Mailing Address

2361 KINGSLAKE BLVD
NAPLES FL 34112
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1995

4. FEI Number

59-3294005

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 9901 Treasure Cay Ln

2a. Mailing Address

26 9901 Treasure Cay Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Bonita Springs FL

City & State

28 Bonita Springs FL

Zip

24 34135

Country

25 USA

Zip

29 34135

Country

30 USA

9. Name and Address of Current Registered Agent

HURWITZ, JEFFREY L
4555 SE MANATEE TERRACE
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

Jeffrey L. Hurwitz

82 Street Address (P.O. Box Number is Not Acceptable)

83 9901 Treasure Cay Lane

84 City

Bonita Springs

FL

85 Zip Code

34135

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE Jeffrey L. Hurwitz

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-4-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D P
NAME HURWITZ, JEFFREY L
STREET ADDRESS 2361 KINGSLAKE BLVD
CITY-ST-ZIP NAPLES FL 34112

☐ DELETE

TITLE S T
NAME HURWITZ, MINDY JOY
STREET ADDRESS 2361 KINGSLAKE BLVD
CITY-ST-ZIP NAPLES FL 34112

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Hurwitz, Jeffrey L
1.3 STREET ADDRESS 9901 Treasure Cay Ln
1.4 CITY-ST-ZIP Bonita Springs, FL 34135

☒ Change

☐ Addition

2.1 TITLE S T
2.2 NAME Hurwitz, Mindy Joy
2.3 STREET ADDRESS 9901 Treasure Cay Ln
2.4 CITY-ST-ZIP Bonita Springs, FL 34135

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: Jeffrey L. Hurwitz 1-4-99 941.947.9592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)