

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000002678 (7)

1. Corporation Name

19860 JOG ROAD CORP.

Principal Place of Business

Mailing Address

C/O 280 PLANDOME RD.
MANHASSET NY 11030

210 FGM + CO.
280 PLANDOME RD
MANHASSET NY
11030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	LAST REPORT
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	01/11/95	4/5/97
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Country	65-1546524	Not Applicable
24	25	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	29		
	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

EVANS, LAUKIE P.
328 MINORCA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

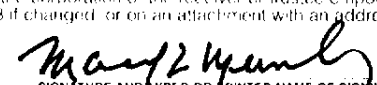
Signature of Registered Agent required when reinstating

Signature of Registered Agent required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ASTOR, LOVEL	1.2 NAME	
STREET ADDRESS	22354 SW ST AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL 33428	1.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MEINBERG, MARK	2.2 NAME	
STREET ADDRESS	280 PLANDOME RD	2.3 STREET ADDRESS	
CITY- ST- ZIP	MANHASSET NY 11030	2.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ASTOR, PATRICIA	3.2 NAME	
STREET ADDRESS	22354 SW ST AVE.	3.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL 33428	3.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GUTTERMAN, MARK	4.2 NAME	
STREET ADDRESS	280 PLANDOME RD	4.3 STREET ADDRESS	
CITY- ST- ZIP	MANHASSET NY 11030	4.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, BURT	5.2 NAME	
STREET ADDRESS	280 PLANDOME RD	5.3 STREET ADDRESS	
CITY- ST- ZIP	MANHASSET NY 11030	5.4 CITY- ST- ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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.

SIGNATURE:  MARK MEINBERG 3/24/98 516 365 6600

CR2E034 (10/97)