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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022186 (7)

1. Corporation Name

JNM VERO BEACH DEVELOPMENT CORPORATION

Principal Place of Business

612 BEACHLAND BLVD
VERO BEACH FL 32963

Mailing Address

612 BEACHLAND BLVD
VERO BEACH FL 32963-1743

3. Date Incorporated or Qualified

03/17/1995

3a. Date of Last Report

03/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3302723

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLS, JAMES N
140 N SHORE POINT DR
VERO BEACH FL 32963

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
MILLS, JAME SM
STREET ADDRESS
101 S HANLEY RD
CITY-ST-ZIP
ST LOUIS MO

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
PARENT, PAUL X
STREET ADDRESS
612 BEACHLAND BLVD
CITY-ST-ZIP
VERO BEACH FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
SINDELAR, DAVID M
STREET ADDRESS
101 S HANLEY R
CITY-ST-ZIP
ST LOUIS MO

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
MCGHEE, THOMAS
STREET ADDRESS
101 S HANLY RD
CITY-ST-ZIP
ST LOUIS MO

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
LIPSITZ, ELLEN L
STREET ADDRESS
101 S HANLY RD
CITY-ST-ZIP
ST LOUIS MO

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)