


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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1995	
21		26		4. FEI Number 59-3302723	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29			
Country	25	Country	30		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 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, typed 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	DCFO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, JAME SM	1.2 NAME	
STREET ADDRESS	101 S HANLEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	
TITLE	DCOO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, PAUL X	2.2 NAME	
STREET ADDRESS	612 BEACHLAND BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VCFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINDELAR, DAVID M	3.2 NAME	
STREET ADDRESS	101 S HANLEY R	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGHEE, THOMAS	4.2 NAME	
STREET ADDRESS	101 S HANLY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	ASAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSITZ, ELLEN L	5.2 NAME	
STREET ADDRESS	101 S HANLY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

1-26-1998

CR2E034 (10/97)