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 COPPORATIONS

DOCUMENT # 1. Corporation Name P95000040094 (1)

JM CONSULTING, INC.

Principal Place of Business 3230 N 36 STREET HOLLYWOOD FL 33021

Mailing Address

3230 N 36 STREET HOLLYWOOD FL 33021

FILED Feb 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

					05/18/1995	
2. Principal F	Place of Business	2a. Mailing Address	···		4. FEI Number Applied For	
21		26			65-0586608 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8 75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State	<u> </u>		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
— Zîp	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible	
24	[25]	29	30		Personal Property Tax due June 30. 🔲 Yes 💢 No	
					10. Name and Address of New Registered Agent	
DOTALEOTT, GOTALT					arrie	
3230 N 36 STREET			8	82 Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021			8			
			"	ا"		
			8	4 Cit	ity 85 Zip Code	
dd Character	4- 11				FL 10 25 0000	
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 ramiliar 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).						
12,	OFFICERS AND		13.	goric argin	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	BOTKNECHT, JONAH		1.2 NAME	Ī		
STREET ADDRESS	3230 N 36 STREET		1.3 STREE	ET ADDRE	RESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CiTY -		1	
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition	
NAME	BOTKNECHT, MARY		2.2 NAME			
STREET ADDRESS	3230 N 36 STREET		2.3 STREE	T ADDRE	RESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CITY	-ST-ZIP	P	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRE	RESS	
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	P	
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STREE	T ADDRE	RESS 1	
CITY - ST - ZIP			4.4 CITY -	ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRE	RESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	,	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRE	RESS	
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 for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in						