## 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

## DOCUMENT # P95000042804

JML PROPERTIES, INC.

Principal Place of Business Mailing Address					- I (891/981 710 IBINI BIRKI 88711 ABIRE BAKKI ABIRE ALBAR IDAK ABIRI ABIR ABAR			
4111 TAYLOR ST 4111 TAYLOR ST								
HOLLYWOOD F		HOLLYWOOD FL 33021						
US		US			DO NOT WRITE IN THIS S	PACE		
(		•			3. Date Incorporated or Qualifed 05/26/1995	*	\$	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0594883	1	Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	+	Additional	
27				Fee Required				
	City & State City & State				6. Election Campaign Financing	\$5.00	<b>0</b> May Be	
23	28			Trust Fund Contribution Added to Fees				
Zip	Zip Country Zip Cou			ountry  8. This corporation owes the current year Intangible				
24	25	29	30		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent		
2010	A ANDREA ANTE		81	Name	•			
	E, SANDRA LANTZ		82	Street Add	dress (P.O. Box Number is Not Acceptable)	-		
4111 TAYLOR ST			.				L + S+ 1 d to \$ . § ₹	
HOL	LYWOOD FL 33021		83					
			84	City		85 Zir	p Code	
			04	City	FL	03  2"	,000	
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 of 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 Statutés.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	FORS IN 12	
TITLE	VPS	DELETE	1.1 TITLE			Change		
NAME	PRICE, DOUGLAS I		1.2 NAME	ļ				
STREET ADDRESS	4111 TAYLOR ST		1.3 STREET	ADDRESS	· ·			
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-S					
TITLE	P	☐ DELETE	2.1 TITLE			Change	e	
NAME	PRICE, SANDRA LANTZ		2.2 NAME	1				
STREET ADDRESS	4111 TAYLOR ST		2.3 STREET	TADDRESS				
	HOLLYWOOD FL 33021		2.4 CITY-S	1			:	
CITY-ST-ZIP	TIOLETWOOD TE GOOZT	DELETE	3.1 TITLE	11-217		Change	e Addition	
NAME			3.2 NAME			_	_	
			3.3 STREET	TARDRESS				
STREET ADDRESS			•		•		, i	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-219		Change	e	
			4. 2 NAME		•			
NAME	· .							
STREET ADDRESS			4.3 STREET				!	
CITY-ST-ZIP	200	DELETE	4.4 CITY-S	I-ZIP		☐ Change	e	
TITLE		☐ DELETE	5.1 IIILE 5.2 NAME			. /		
NAME			5.3 STREET	LADDOESE	•		l	
STREET ADDRESS	187				•		l	
CITY-ST-ZIP	A Description of the second		5.4 CITY-S'	I-ZIP	<u> </u>	Change	e	
TITLE		☐ DELETE	6.1 HILE 6.2 NAME				- Montion	
NAME							l	
CTOCCT ADDOCCO	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		6.3 STREET	AUDRESS				

14. 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.

6.4 CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90016 024 \*\*\*150.00