## 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 CORPORATIONS

DOCUMENT # P95000055348 (3)

J.P. MANAGEMENT GROUP, INC.

1 MATHERIA (C)

FILED
Mar 12 1998 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address							
3009 S.E. OV PORT ST. LU	ERBROOK DRIVE	3009 S.E. OVERBROOK DRIVE PORT ST. LUCIE FL 34952							
PONT 31. CO	OIC PL 34302	POHI SI. LUCIE	FL 34902			DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified	JOI NOL		
						07/18/1995		İ	
2. Principal P	lace of Business	2a. Mailing Addre	ss			4. FEI Number	114	Applied For	
21		26				59-3321431		Not Applicable	
Suite, Apt	W. etc.	Suite, Apt. #, etc.					<del></del>	Additional	
22		27				5. Certificate of Status Desired		Regulred	
City & Stat	6	City & State				Election Campaign Financing		0 May Be	
23		28				Trust Fund Contribution	Added to Fees		
Zip	Country	Zφ	Cou	Country		8. This corporation owes or has paid the c			
24	25	29	30	30		Personal Property Tax due June 30.		MNo I	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	d Agent		
	OWN, PATRICIA			81	Name				
3009 S.E. OVERBROOK DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)					
PO	RT ST. LUCIE FL 34952			]	00017101	arous (i. i.e. box realison is recommonly			
				83					
				84	0:4.		( ( <del>-</del> -:		
				54	City	FI	_   <b>85</b>   Zip	Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida	Statutes, the a	bove	-named co		of changing	its registered	
office or n agent I a	egistered agent, or both, in the State on familiar with, and accept the oblica	of Florida. Such chang tions of Section 607.0	e was authorize 505. Florida Stal	d by lutes	the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment a	s registered	
SIGNATURE	g		, ( ioinea ola	10100					
	Signature, typed or profed name of registered ages	t and title if applicable	(NOTE Registere	d Ager	nt signature requ	uired when rainstating) DATE		[.	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE			ETE 1.1 TI	1.1 TITLE			Change	☐ Addition	
NAME	BROWN, PATRICIA		1.2 N	AME	-			. [	
STREET ADDRESS	3009 S.E. OVERBROOK DRIVE		1.3 ST	TREET	ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			ITY-SI	- ZIP				
TIFLE	VD	<b>™</b> DEL	ETE 2.1 <b>1</b> (	TLE			Change	Addition	
NAME	BROWN, JUDITH L		2.2 N/	AME					
STREET ADDRESS	3009 SE OVERBROOK DR		2.3 \$1	TREET A	ADDRESS				
CITY - ST - ZIP	PORT ST LUCIE FL		2.40	HTY-SI	T-ZIP				
TITLE		DELI	TE 3.1 Tr	TLE			☐ Change	Addition	
NAME			3.2 N/	AME					
STREET ADDRESS			3.3 \$1	TREET #	ADORESS				
CITY-ST-ZIP			3.4. C	ITY-SI	r-zie				
TITLE		☐ DELI	TE 4.1 TI	TLE			Change	☐ Addition	
NAME	•		4 2 N	IAME					
STREET ADDRESS			4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			4 4 CI	TY-ST	ZIP			-	
TITLE		☐ DELI	TE 51 TF	TLE			Change	Addition	
NAME			5.2 N/	AME			•		
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP				TY-ST					
TITLE		DELE			E''		Change	☐ Addition	
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP									
0111-31-41F			6.4 Cl	TY-\$1	-zir				

14. Thereby cortify 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 18 or Champed, or on an attact point with an address.

SIGNATURE:

Fatrice J

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3-3.98

561-335-4918

CR2E034 (10/97)