Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90110 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000062508

 Corporation 	Name								
JMC FOI	JITY CORP.								
J						. I IMPRIMATE IN INTERNAL BRITE BARY			110 1 (61) (13)
Oringinal Place	of Rusiness	Mailing Address				i tabilibbi um imimi mitu milii maili	A BANKI KANIN BENIA	Billia ingga ating d	
2300 GLADES ROAD SUITE 100E 2300 GLADES ROAD SUITE 100E						}			
BOCA RATON FL 33431 BOCA RATON FL 33431						DO NOT WRITE IN THIS SPACE			
US US				3. Date Incorporated or Qualifed					
						08/14/1995			ţ
2. Principal Place of Business		2a. Mailing Address			_	4. FEI Number Appli		lied For	
21		26				65-0604691		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	_
22						5. Certificate of Status Desired		Fee Red	quired
City & State)	City & State				6. Election Campaign Financin)g 🖸	\$5.00	vlay Be
23						Trust Fund Contribution		Added to	Fees
Zip	Country Zip Co			4	8. This corporation owes the current year Intangible				
24	25 29 30		D			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		,		10. Name and Address of Nev	v Registered	Agent	
			8	Name					
GREENFIELD, WILLIAM R			82	Street	Addres	ss (P.O. Box Number is Not Acce	ntable)		
2300 GLADES ROAD			"	0	7120.00				
SUITE 100E				-					l
BOCA RATON FL 33431			-	0'5				85 Zip C	
			84	City			FL	85 Zip C	oue
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes	, the above	e-named	corpor	ration submits this statement for t	he purpose of	changing its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statute	ruie corp s.	Oradon	is board of directors. Thereby ac-	cept the oppoi	INTROVICED TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE									[
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature	required v	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	D DELETE 1		1.1 TITLE					☐ Change	Addition
NAME	GREENFIELD, WILLIAM R		1.2 NAME						
STREET ADDRESS	ss 2300 GLADES ROAD, SUITE 100E			TADORESS					
CITY-ST-ZIP	BOCA RATON FL 33431			T-ZIP	<u> </u>				
TITLE	☐ DELETE		2.1 TITLE					Change	Addition
NAME			2.2 NAME						ľ
STREET ADDRESS			2.3 STREE	TADDRESS				,	
City-St-ZiP	مراج _{ال} يمام معيد الراج		2.4 CITY-	ST-ZIP		<u></u> .		·	
TITLE	☐ DELETE		3.1 TITLE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREI	T ADDRESS	;}				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE	DELETE			4.1 TITLE				☐ Change	☐ Addition
NAME :	• •		4, 2 NAME		}				ļ
STREET ADDRESS				Et address	.1				į
ł I			4.4 CITY-						i
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	J 1 - 4.14	 			☐ Change	Addition
NAME			5.2 NAME		1		•		
STREET ADDRESS				T ADDRESS					
CITY OF 7ID		•	5.4 CTTY-						į

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

QUIRED

DELETE

☐ Change

☐ Addition