## 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 # P95000064627 (9)

JL CAPITAL, INC.

## FILED May 14 1998 8:00am Secretary of State

Principal Place of Business Maiting Address						-\	AN MANU DINA I	/1 <b>9</b> 19 Billo III	
1149 NORTH	FEDERAL HIGHWAY	1149 N. FEDERAL HIGHWAY							
	ALE FL 33304	FT. LAUDERDALE FL 33304 US			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualified				
						08/22/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			65-0740493			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	a	City & State				6. Election Campaign Financing		\$5.00	·
23		28				Trust Fund Contribution		Added t	
Zip				8. This corporation owes or has paid the current year Intangible					
24	25 29 30			Personal Property Tax due June 30. Yes No					
	<ol> <li>Name and Address of Currer</li> <li>BATE, MARK J</li> </ol>	10. Name and Address of New Re	gistered A	jent					
		81 Name							
	1 N.E. THIRD AVE. RITE 300		82 Street Ad		itreet Addre	ess (P.O. Box Number is Not Acceptate	(Ok		
	LAUDERDALE FL 33301		ļī	33					
				34 C	City			<b>85</b> Zip (	Code
					•		<u>FL</u>		
11. Pursuant to the provisions of Socious 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 punits. I made of registered agent and bits if appacable (NOTE: Registered					ignature require	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CEDS AND I	DIBECTOR	S IN 12
12.	P OFFICERS AN	OFFICERS AND DIRECTORS 13.  P DELETE 1.1		.E		ADDITIONS/CHANGES TO OFFIC	ZENS AND I	Change	Addition
NAME	JAMES B LABATE	·							
STREET ADDRESS	1149 N. FEDERAL HIGHWAY	•	1.3 STREET A		DRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	33304	1.4 CiT	(-\$1-Z	IP .				
TITLE	T ANOTHER TOWNS	DELETE	2 1 TITU		1	T = 0 1 2 2 2 2	L	Change	Addition
NAME	MICHAEL T SKIDD 5208 NW 100 WAY	,	2 2 NAME		13nt	thony T. Brkinson III.			•
STREET ADDRESS	GORAL SPRINGS FL-		2.3 STHEET ADDRESS 2.4 City-St-Zip			to demole Fi	2220	<b></b>	
CITY-\$T-ZIP TITLE	001212 011111100112	DELETE	3.1 TITI		(AF   3 - 5	- CAMPICOLE, FL	<u> </u>	Change	Addition
NAME			3.2 NA	<b>A</b> E	1				
STREET ADDRESS	3.3		3.3 STR	3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CIT	Y-ST-2	ZIP				
TITLE	<del></del>		4.1 111		-		ι	Change	Addition
NAME			4. 2 NA		Ì				
STREET ADDRESS				EET ADO					
CITY-ST-ZIP		DELETE	4.4 CIT 5.1 TIT	Y-ST-2	IP			Change	Addition
TITLE NAME			5.2 NA				_		
STREET ADDRESS				re Ieet adi	DRESS				
CITY-ST-ZIP			1	Y-ST-Z					j
TITLE		DELETE 6.1						Change	Addition
NAME			6.2 NAI	ИE					
STREET ADDRESS			6.3 STF	EET ADI	DRESS				
CITY-ST-ZIP	and the shall the information of the same first	one said filing store and an -107 - 1	64 CIT	Y-ST-Z	n stated is 1	Section 110 07/3Vi) Florida Statutos	further cer	tify that the	information
14. Thereby	certify that the information supplied v	viin tois tiling does not qualify t	or the exe	nptio	n stated in	Section 119.07(3)(i), Florida Statutes.	Turmer ceri	ay mat ine	niiomation

i. 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 truster annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on ay all schement with a yuddress.

Block 12 of Block 13 il changes of on ay argentine ray in gracedys.

4/12/90

local essences