FILE NOW: FILING FE PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPAR Sandra B Secretar	5550.00 TMENT OF STATE Mortham y of State CORPORATIONS	Apr 29 19	LED 997 8:00am ry of State
DOCUMENT # P9600 1. Corporation Name JAY MAR SHELVING INC.	0019585 (4)			
Principal Flace of Business 7000 W. Palwetto Park Road Suite 400 Boca Raton FL 33433	ALMETTO PARK ROAD 7000 W. PALMETTO PARK ROAD SUITE 400		 Date Incorporated or Qualified 	3a. Date of Last Report
2. Principal Place of Business 21 /07.42 NW 47 ST. 4	2a, Mailing Address	<u></u>	03/04/1996 4. FEI Nurmber 65-0649351	Applied For Not Applicable
Suite, Apt #, etc. 22	Apt #, etc. Suite, Apt. #, etc.		 5. Certificate of Status Desired 6. Election Campaign Financing 	\$8.75 Additionat Fee Required \$5.00 May Be
23 5UNRISE? PL Zip Country 24 3335 / 25 0 U S A 9. Name and Address of Cur	28 Zip 29	Country 30	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees tangible tax under s. 199.032, Yes No
GARELLEK, STEVEN 7000 W. PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33433 11. Pursuant to the provisions of Sections 607 (office or registered agent, or both, in the St agent 1 am familiar with, and accept the ob	1502 and 607 1508. Florida Statuti	83 84 City ss. the above-named corr	ress (P.O. Box Number is Not Acceptable poration submits this statement for the pu tion's board of directors. I hereby accept	FL 85 Zip Code
SIGNATURE Signature typed or printed name of registered 12. OFFICERS TILLE PRESIDENT NAME PERRY BIRMAN STREEL ADDRESS 12235 ROCKLEDGE CITY-ST-ZIP BOCA RAMN, FL.		Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 OVY, GL. 20	Ired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition
TITLE NAME STREET ADORESS	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition S
CITY-SI-Z# TILE NAME SIREET ADORESS	DELETE	2. 4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	<u></u>	Change Addition
CITY-ST-Z#P THLE NAME STREET ADORESS	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	DELETE	4.4 CITY-ST-ZIP 5.1 TiTLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	C] DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition
 I do hereby certify that the information support information indicated on this annual report I am an officer or director of the corporated appears in Block 12 or Block 13 if changed 	blied with this filing does not quality supplemental annual report is to for the receiver or trustee empower, or on an atlachment with an add	y for the exemption state ue and accurate and tha ered to execute this repo iress.	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal nt as required by Chapter 607, Florida St.	I further certify that the effect as if made under oath; that atutes; and that my name