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FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000027839 (5)

1. Corporation Name  
CMJS PROPERTY MANAGEMENT, INC.



Principal Place of Business

777 SOUTH FLAGLER DRIVE  
SUITE 310 EAST  
W PALM BEACH FL 33411

Mailing Address

777 SOUTH FLAGLER DRIVE  
SUITE 310 EAST  
W PALM BEACH FL 33401-6161

3. Date Incorporated or Qualified  
03/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 5180 W. ATLANTIC AVE  
SUITE 110  
DELRAY BEACH, FL

2a. Mailing Address

25 5180 W. ATLANTIC AVE  
SUITE 110  
DELRAY BEACH, FL

4. FEI Number

65-065595

Applied For

Not Applicable

Suite, Apt. #, etc.

22 DELRAY BEACH, FL

Suite, Apt. #, etc.

27 DELRAY BEACH, FL

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

23 DELRAY BEACH, FL

City & State

28 DELRAY BEACH, FL

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 33484

Country

25

Zip

29 33484

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PARK, MICHAEL G  
777 SOUTH FLAGLER DRIVE  
SUITE 310 EAST  
W PALM BEACH FL 33311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PARK, MICHAEL G  
STREET ADDRESS 777 S. FLAGLER DR. SUITE 310 EAST  
CITY-ST-ZIP W PALM BEACH FL 33401

TITLE Pres  
NAME JON D. GOLDSTEIN  
STREET ADDRESS 5180 W. ATLANTIC AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE SECY  
NAME SHERI GOLDSTEIN  
STREET ADDRESS 5180 W. ATLANTIC AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JON D. GOLDSTEIN PRES

1/22/97 561-496-6122  
Date Daytime Phone #

CR2E034 (9/96)