## 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 # P9600036018 (5)

J & M LAND COMPANY

## FILED Apr 21 1998 8:00am Secretary of State



B ( 1 . 5 .					100/400/ 410 (0//9 0/// 00/// 00/// 00/// 00/// 60///	[
Principal Place of Business Mailing Address					Comment for the participation and the participation of the participation	
5758 SW 42 TERRACE MIAMI FL 33155		5758 SW 42 TERRACE MIAMI FL 33155		DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualified	
					04/25/1996	
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0667082	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required
City & Sta	ile	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζ <sub>1</sub> ρ	Countr	У	8. This corporation owes or has paid the c	
24	25	nt Bagistered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
	9, Name and Address of Curre	ur Hedistelea Adeut	81	Name	10. Name and Address of New Registere	a Agent
	OCKMAN, LOUIS M			T danie		
	00 SW 92 STREET		82	Street Add	lress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33156			83			
				]		
			84	City	F	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered as	wint and the Papiple obte (NO)	TE: Registered Aç		ored when re-instating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	PVST	☐ DELETE	1.1 TITLE			Change Addition
NAME	SCHUTE, ERIK		1.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	1.4 CHY- 2.1 TITLE	SI-ZIP		Change Addition
NAME		<u></u>	2.2 NAME			Change nachion
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			2. 4 City			
TITLE		DELETÉ	311111	<u> </u>		Change Addition
NAME			3.2 NAMÉ		•	
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. CH1Y-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 C/TY-	ST-ZIP		
TITLE		☐ DELETE	5 1 THLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP	1		6.4 CITY-	S1-7IP		

14. Thereby 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 floegiver or rustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address

CICNIATURE

Erik & Ime

PARTIDEN

4-8-91

(305) 123.1203