## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041867 (8)

JL INVESTMENT CORP. OF FT. LAUDERDALE, INC.

Principal Place of Business Mailing Address 8486 N.W. 5TH WAY 6466 N.W. 5TH WAY FORT LAUDERDALE FL 33309-6112 FORT LAUDERDALE FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation has liability for in angible tax under s. 199:032, Florida Statutes Yes No Zip Country Zip Country 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PASSARIELLO, JOHN 6486 N.W. 5TH WAY Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 83 84 City 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. Storature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. President TITLE DELETE Change Addition 1.1.7111.6 LINDA CARRYAN WAY NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 33309-6/12 Change Addition CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE TITLE 2.1.1ITUE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-S1-ZIP DELETE Change Addition TITLE 3.1 1111. 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - \$1 - 2IP CITY-ST-ZIP DELETE Change 4.1 1111.6 Addition TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 10116 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change TITLE DELETE 6.1 THLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address IM

2.21.97

954-706-1444

FILED

Mar 17 1997 8:00am

Secretary of State