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 # P96000076823 (9)

Country

9. Name and Address of Current Registered Agent

25

CORAL SPRINGS FL 33071

ORETSKY, JACE 615 N.W. 112 WAY

JOTS ASSOCIATES, INC.

2. Principal Place of Business

Suite, Apt. #, etc

City & State

21

22

23

24

Zip

Principal Place of Business	Mailing Address
7425 N.W. 4TH STREET	7425 N.W. 4TH STREET
PLANTATION FL 93317	PLANTATION FL 33317

26

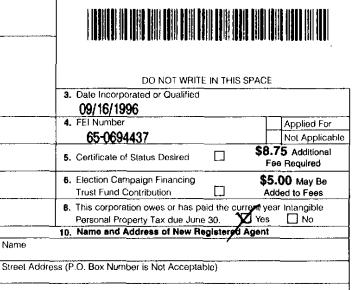
2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc

FILED Feb 09 1998 8:00am Secretary of State



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

Country

81 Name

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agent. Far	m tamiliar with, and accept the obligations of,	3600011 007.0303, F1	onua statutes.			
SIGNATURE	Signature, typed or printed nance of registered agent and little if	applicable (NOT	E: Registered Agent signature requir	red when reinstaling)	DATE	
12.	OFFICERS AND DIREC		13,	·	TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE		Change	Addition
NAME	ORETSKY, JACE		1.2 NAME			
STREET ADDRESS	615 NW 112 WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33017		14 CITY-ST-ZIP			
TITLE		DELETE	2 1 11TLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		•	2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME		•	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. C(1Y - ST - Z)P			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE	<u> </u>	☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-7IP			
TITLE		DELETE	6 1 THEF		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STRELL ADDRESS			
CITY ST. 7IP			6 A CITY - ST - ZIP			

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 receiver or distance of the corporation or the receiver or distance of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or