

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000080271 (5) 1. Corporation Name <b>JZ DEVELOPMENTS CORP.</b>			
Principal Place of Business <b>C/O 1400 CENTREPARK BOULEVARD #1000 WEST PALM BEACH FL 33401</b>		Mailing Address <b>C/O 1400 CENTREPARK BOULEVARD #1000 WEST PALM BEACH FL 33401</b>	
2. Principal Place of Business 21 <b>% DASZKAL, BOLTON</b> Suite, Apt. #, etc. 22 <b>240 W. Palmetto Pk.</b> City & State 23 <b>Boca Raton, FL</b> Zip 24 <b>33432</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>% DASZKAL, BOLTON</b> Suite, Apt. #, etc. 27 <b>240 W. Palmetto Pk.</b> City & State 28 <b>Boca Raton, FL</b> Zip 29 <b>33432</b> 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>09/27/1996</b>		4. FEI Number <b>65-0737558</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LEVY, KNEEN, MARIANI, CURTIN, ET. AL. 1400 CENTREPARK BOULEVARD SUITE 1000 WEST PALM BEACH FL 33401</b>		10. Name and Address of New Registered Agent 81 Name <b>MITCH McRAE, ESQ.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2255 GLADES ROAD, SUITE 405-EAST</b> 83 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33431</b>	
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 <b>MITCH McRAE</b> DATE <b>4/30/98</b> Signature: typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHIFF, JERRY C/O 1400 CENTREPARK BOULEVARD #1000 WEST PALM BEACH FL 33401</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ABERMAN, ZAVE C/O 1400 CENTREPARK BOULEVARD #1000 WEST PALM BEACH FL 33401</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 or 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

4/30/98

FEI 1637-3919

CR2E034 (10/97)