

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

FILED

May 08 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 # P96000082424 (8)

1. Corporation Name  
JCMB CORPORATION

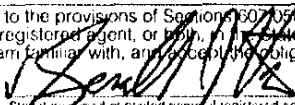
Principal Place of Business 2000 PALM BEACH LAKES BLVD SUITE 1002 WEST PALM BEACH FL 33409	Mailing Address 2000 PALM BEACH LAKES BLVD SUITE 1002 WEST PALM BEACH FL 33409-6506
---	--



2. Principal Place of Business 21 525 S. Flagler Drive Suite, Apt. #, etc. 22 Suite 400 City & State 23 West Palm Beach, FL Zip Country 24 33401 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 10/04/1996	3a. Date of Last Report
		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name Gerald J. Visconti 82 Street Address (P.O. Box Number is Not Acceptable) 330 Clematis Street, #102 83 84 City West Palm Beach, FL 85 Zip Code 33401	
---	--	--	--

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  Gerald J. Visconti 4-15-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D / P / CEO	<input type="checkbox"/> DELETE	1.1 TITLE D / T / S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VISCONTI, JOSEPH C		1.2 NAME Frank Salvatore	
STREET ADDRESS 525 SOUTH FLAGLER DR, STE 400		1.3 STREET ADDRESS 5550 Glades Road, Suite 400	
CITY - ST - ZIP WEST PALM BEACH FL 33401		1.4 CITY - ST - ZIP Boca Raton, FL 33431	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D / VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Gerald J. Visconti	
STREET ADDRESS		2.3 STREET ADDRESS 330 Clematis Street, #102 211	
CITY - ST - ZIP		2.4 CITY - ST - ZIP West Palm Beach, FL 33401	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Douglas Kaiser	
STREET ADDRESS		3.3 STREET ADDRESS 525 S. Flagler Drive, Suite 400	
CITY - ST - ZIP		3.4 CITY - ST - ZIP West Palm Beach, FL 33401	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Roy Amico	
STREET ADDRESS		4.3 STREET ADDRESS 525 S. Flagler Drive	
CITY - ST - ZIP		4.4 CITY - ST - ZIP West Palm Beach, FL 33401	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  V - Pres. 561/802-3535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)