2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000095593** J.M. FAMILY REAL ESTATE CORP. Principal Place of Business Mailing Address 100 N.W. 12TH AVENUE PO BOX 4007 WORLD OMNI LEGAL DEPT. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Mar 05, 2001 8:00 am Secretary of State

03-05-2001 90001 027 ***150.00

DEERFIELD BE JS	ACH FL 33441	DELIVICES SENON 1 C 3374	•	 					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
				DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number 65-0711975 Applied For Not Applica					
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH FL 33401			City	Street Address (P.O. Box Number is Not Acceptable) 100 N.W. 12TH AVENUE City DEERFIELD BEACH TL Zip Code 33442					
8. The above SIGNATURE	Bome KOLL	, THOMAS B	BLANTON	e or registered agent, or both, in the State of Fiorida.					
· · · · · · · · · · · · · · · · · ·			!! FEE IS \$150 01 Fee will be \$ ble to Departme	\$550.00 Trust Fund Contribution.	Э				
11.	OFFICERS AND E	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_				
TITLE NAME	DVP MCNALLY, ARLINE	🔀 Delete	TITLE NAME	D/P □ Change □ Addit MORAN. PATRICIA	ion				

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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DVP	□ Delete □ Delete	TITLE	D/P	•	☐ Change	Addition
NAME	MCNALLY, ARLINE		NAME	-	PATRICIA		[
STREET ADDRESS	2834 NW 26TH CT		STREET ADDRESS	ION N	W. 12TH AVENUE		
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP		ELD BEACH, FL 334	12	
TITLE	DT	☐ Delete	TITLE		——————————————————————————————————————	Change	Addition
NAME	MORAN, JAMES MICHAEL JR		NAME				
STREET ADDRESS	6012 N.W. 31ST WAY		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP				
TITLE	DVPS	Delete	TITLE	D/V		`⊠ Change	☐ Addition
NAME	MCNALLY, ARLINE M		NAME	MCNALL	Y, ARLINE M.		
STREET ADDRESS	2834 N.W. 26TH COURT		STREET ADDRESS		HATCH PALM DRIVE		
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP		ATON, FL 33432		
TITLE	S	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	BLANTON, THOMAS K		NAME				
STREET ADDRESS	100 NW 12TH AVE		STREET ADDRESS		·		
CITY-ST-ZIP	DEERFIELD BEACH FL	,	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	D		☐ Change	X Addition
NAME .			NAME	MCNALL	Y, JOHN		
STREET ADDRESS			STREET ADDRESS		HATCH PALM DRIVE		ĺ
CITY-ST-ZIP			CITY-ST-ZIP		ATON, FL 33432		_
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				ľ
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS BLANTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR