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**Apr 28 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 # P96000101569 (7)

1. Corporation Name
JUPITER PROPERTY MANAGEMENT, INC.



Principal Place of Business C/O THE OLD MOUNTAIN COMPANY, INC. 551 FIFTH AVENUE, SUITE 1916 NEW YORK NY 10176	Mailing Address C/O THE OLD MOUNTAIN COMPANY, INC. 551 FIFTH AVENUE, SUITE 1916 NEW YORK NY 10176-1916
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3. Date Incorporated or Qualified 12/17/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. c/o The Old Mountain Company, Inc.		
22. City & State	27. 225 W. Wacker Dr., Ste. 1500	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Chicago, IL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. 60606	30. USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BURKE, DAVID P ONE HARBOUR PLACE SUITE 500 TAMPA FL 33602		81. Name CT Corporation System	
		82. Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
		83.	
		84. City Plantation	85. Zip Code FL 33324

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: *Anne Diamond* DATE: **4/14/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FIELD, MARSHALL V	1.2 NAME	
STREET ADDRESS	551 FIFTH AVENUE, SUITE 1916	1.3 STREET ADDRESS	225 West Wacker Drive, Suite 1500
CITY-ST-ZIP	NEW YORK NY 10176	1.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D PIROVANO, JOHN A	2.2 NAME	P
STREET ADDRESS	551 FIFTH AVENUE, SUITE 1916	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10176	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D COLEE, PATRICK R	3.2 NAME	
STREET ADDRESS	C/O 25 CENTRAL WAY, SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98033	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BROWN, PHILLIP	4.2 NAME	
STREET ADDRESS	C/O 25 CENTRAL WAY, SUITE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98033	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Thomas R. Bobak
STREET ADDRESS		5.3 STREET ADDRESS	1001 North U.S. Highway 1, Suite #205
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jupiter, FL 33477
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: *Marshall Field* **Marshall Field V, Director 4/21/97 312-917-1813**

CR2E034 (9/96)