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

POCUMENT # P96000101569 (7)

JUPITER PROPERTY MANAGEMENT, INC.															
Principal Place of Business Mailing Address											1 1601100+ 110 19114 0131 08111 09111 00101 1	11911 9911	11 11001 BILL	O BINI	0 1011 1001
C/O THE OL	225 W WACKER DR	NOTHE OLD MOUNTAIN COMPANY INC 225 W WACKER DR STE 1500				20 107 1/2/75 11	T. 110.								
NEW YORK NY 10176					CHICAGO IL 60806 US				DO NOT WRITE IN THIS SPACE						
											Date Incorporated or Qualified 12/17/1996				
2. Principal Place of Business					2a. Malling Address 26					4	APPLIED FOR 13-394	232	<u>'9</u>	+	olied For Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5	. Certificate of Status Desired				dditlonal gulred
City & Stato					City & State				6	. Election Campaign Financing Trust Fund Contribution		-		May Be	
Zip	Zip Country							Country			. This corporation owes or has paid t	the cur			
24	25			21		30				Personal Property Tax due June 30.	_] Yes	_	No	
ļ			Address of Curren	t Rec	egistered Agent					10	Name and Address of New Regist	tered /	\gent		
	CORPOR/						81	1	Name						
- 1200 \$ PINE ISLAND RD PLANTATION FL 33324								1	Street Addre	ess (P.O. Box Number is Not Acceptable)					
							83	1					-		
•								+	City			FL	85 Z	ip C	ode
11. Pursuant	ions	of Sections 607.0502	2 and	607.1508, Florida \$	Statutes	, the abov	/O-	named corpo	oratio	on submits this statement for the purp		changin	g its	registered	
office or r agent La	 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Sta 										board of directors. I hereby accept the	ne app	ointment	as re	egistered
SIGNATURE	Signature, typed	i i i i i Lor pin	nted namic of registered ages	nt and t	tte d an ohoable	(NOTE: F	Registered Ag	ent	t signature required	d whe	o reinstating)	DATE			
12.			OFFICERS AND			· <u>·</u>	13.				ADDITIONS/CHANGES TO OFFICER		DIRECT	ORS	IN 12
TITLE	D				☐ DELETE	<u> </u>	1.1 TITLE						Chang	je	Addition
NAME FIELD, MARSHALL V						1.2 NAME									
STREET ADDRESS 225 W WACKER DR, SUITE 150				500		1.3 STREET ADDRESS									
CITY-ST-ZIP CHICAGO IL							1.4 CITY-ST-ZIP		- ZIP						
TITLE	P		101111		☐ DELETE	•	2.1 TITLE				,		☐ Chang	je	Addition
NAME			JOHN A			2.2 NAME									
STREET ADDRESS			VENUE, SUITE 19	316				2.3 STREET ADDRESS		•					
CITY-ST-ZIP	NEW YO	NT.		D pri cre			4 CITY-ST-ZIP								
TITLE	STD	TLI	OMAG D		DELET e	:	3.1 TITLE						L Chang	je	Addition
NAME	4004 N HO HICHMAY 4 CHITE OOF							3.2 NAME 3.3 STREET ADDRESS							
MIDITED EI															
CITY-ST-ZIP TITLE	0011161				☐ DELETE	:	3.4. CITY - : 4.1 TITLE	81-	- ZIP				☐ Chang		Addition
NAME							4.1 HILE 4.2 NAME						Chang)G	L_3 Addition
STREET ADDRESS							4.3 STREET		DDOCCO						
CITY-ST-ZIP															
TITLE					☐ DELETE	:	4.4 CITY - S 5.1 TITLE) -	ZIF				Chang	ie.	Addition
NAME							5.2 NAME						2.va./A	-	
STREET ADDRESS						5.3 STR			DDRESS						
CITY-ST-ZIP							5.4 CITY-ST-ZIP								
TITLE					☐ DELETE		6.1 TITLE		-				Change	,e	Addition
NAME							6.2 NAME						-		
STREET ADDRESS							6.3 STREET	AD	DDRESS						

14. Thereby certify that the information supported 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 support mental 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 of the receiver or trustee employeered 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 main attachment with an address.

CICNIATUDE.

CITY-ST-ZIP

2/13/98

FILED

Mar 16 1998 8:00am

Secretary of State