

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27 1998 8:00am
Secretary of State

0070977

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000017951 (9)

1. Corporation Name
JFS REALTY TRUST, INC.



Principal Place of Business 11380 PROSPERITY FARMS ROAD SUITE 204 PALM BEACH GARDENS FL 33410	Mailing Address 11380 PROSPERITY FARMS ROAD SUITE 204 PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0735221	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent MEROLA, JAMES R 11380 PROSPERITY FARMS ROAD SUITE 204 PALM BEACH GARDENS FL 33410		10. Name and Address of New Registered Agent	
81	Name	82	Street Address (P.O. Box Number is Not Acceptable)
83		84	City
85	Zip Code	FL	

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 GALLARDO, ANTONIO	1.1 TITLE	Change Addition
NAME	10 GAGE STREET	1.2 NAME	
STREET ADDRESS	METHUEN MA 01844	1.3 STREET ADDRESS	30 RIVER STREET #23
CITY-ST-ZIP		1.4 CITY-ST-ZIP	METHUEN MA 01844
TITLE	0 DICARLO, JOHN	2.1 TITLE	Change Addition
NAME	189 BEAVER DAM ROAD	2.2 NAME	
STREET ADDRESS	KATONAH NY 10536	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	0 SALAMONCZYK, RICK	3.1 TITLE	Change Addition
NAME	4949 INTERNATIONAL DRIVE EXTENDED	3.2 NAME	
STREET ADDRESS	ORLANDO FL 32819	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	40000260244
STREET ADDRESS		6.3 STREET ADDRESS	-07/30/98--01022--017
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***1100.00

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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/98 (978) 683-7033
Date Daytime Phone #

CR2E034 (5/98)