

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

FILED
May 15 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra S. Mufson Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000028555 (5)
 1. Corporation Name
J.N.R. GROUP, INC.



| | |
|---|---|
| Principal Place of Business 7000 W PALMETTO PARK RD SUITE 400 BOCA RATON FL 33433 | Mailing Address 7000 W PALMETTO PARK RD SUITE 400 BOCA RATON FL 33433 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---|--------------------------|--------------------------|
| 2. Principal Place of Business 21 7000 W. PALMETTO PARK Suite, Apt. #, etc. 22 #407 City & State 23 BOCA RATON FLORIDA Zip 24 33433 | 2a. Mailing Address 26 7000 W. PALMETTO PARK Suite, Apt #, etc. 27 #407 City & State 28 BOCA RATON, FLORIDA Zip 29 33433 | Country 25 USA | Country 30 USA |
|--|---|--------------------------|--------------------------|

| | | |
|--|---|--|
| 3. Date Incorporated or Qualified 03/28/1997 | 4. FEI Number RD 65-0756711 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent
BITTER, GREGORY J
7000 W PALMETTO PARK RD
SUITE 400
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name RAFI RUBINEZ
82 Street Address (P.O. Box Number is Not Acceptable) 7000 W. PALMETTO PARK
83 SUITE 407
84 City BOCA RATON FL 85 Zip Code 33433

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 RAFI RUBINEZ *Rafi Rubinez* **4/23/98**
Signature, typed or printed name of registered agent and date of application (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME BITTER, GREGORY J | |
| STREET ADDRESS 7000 W PALMETTO PARK RD STE 400 | |
| CITY-ST-ZIP BOCA RATON FL 33433 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> DELETE |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME RAFI RUBINEZ | |
| 1.3 STREET ADDRESS 7000 W. PALMETTO PARK RD #407 | |
| 1.4 CITY-ST-ZIP BOCA RATON, FL 33433 | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: *Rafi Rubinez* **RAFI RUBINEZ PRESIDENT (561) 368-5420 4/1/98**

CR2E034 (10/97)