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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000028555 1. Corporation Name

J.N.R. GROUP, INC.

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Principal Pla	ace of Business	Mailing Address				a imottom: tre thint thetr muit detin det	ill gallê lisal lêsel a	INES ESTET BEID 1981
7000 W PALMETTO PARK RD		7000 W PALMETTO PARK RD						
407		407			1			
BOCA RATON FL 33433		BOCA RATON FL 33433 US			DO NOT WRITE IN THIS SPACE			
U\$					3. Date incorporated or Qualifed 03/28/1997			
2, Principal Place of Business 2a. Mailing Addre						4. FEI Number	- T	Applied For
21		26	26			65-0756711		Not Applicable
Suite. Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	5 Additional
22!		27			5. Certificate of Claster Desired	Fee	Required	
City & State		City & State			- 1	6. Election Campaign Financing		May Be
231		28				Trust Fund Contribution		d to Fees
Z _i p	Country	Zip	Cou	ntry	- 1	8. This corporation owes the current ye		m.,
24	[25]	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent		81 Nam		10. Name and Address of New Regist	eren/Agent	
RIT	TER, GREGORY J		l	RUBINEZ, RAFI				
7000 W PALMETTO PK STE 407			Ī	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 400			ŀ	7000 W. PALMETTO PARK ROAD			 -	
BOCA RATON FL 33433			i	33	BOCA	A RATON, FL 33443		1
			Ī	84 City			FL 85 Zip	Code
44 0		and CO7 4500 Florida Castula		1		the state this state and for the surround	· 1 1	i
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 a	im familiar with, and accept the obligati	orts of, Section 607.0505, Flori	da Statu	tes.		1012-1	100	!
SIGNATURE Signature, typed or profed name of registered agent and title it applicable (NOTE, Registered						nen reinstating) DAT		
12.	OFFICERS AND		13.	dent signature	require wit	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 TITE	E	D	ADDITIONOS PARA DE OFFICER	☐ Change	
NAME	RITTER, GREGORY J		1.2 NAV	Œ	1 -	BINEZ RAFI		-
STREET ADORESS	TARA MARKATAN TARAKAN			EET ADDRESS	1	OO W. PALMETTO PARK RO	IAD	İ
SIM - ST-ZIP	TOOL OLIVER TO ALLES		1	- "		A RATON. FL 33443		i
TITLE		☐ DELETE	2.1 T/TL			A RATON, PU -3343.	Change	Addition
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OFV-ST-ZIP			2 4 CITY	-ST-ZIP	1			- 1
T. LE		☐ DELETE	3.1 TITLE		1		☐ Change	☐ Addition
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J.D. ST-ZIP			3.4. CITY	ST-ZIP]]
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STREET ADDRESS			4.3 STRE	ET ADORESS	}			İ
CITY-ST-ZIP			44 CITY-	ST-ZIP				
TITLE		DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME	: ,	,			ļ
STREET ADDRESS				ET ADORESS	21,	100 parts 40.	ts 1	
CTN-ST-ZIP			54 CITY-	ST-ZIP	2110	0/99 9013 006	4190.C	\mathcal{L}
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VAVE			6.2 NAME	ľ				1
STREET ADDRESS			6 3 STREE	T ADDRESS				
: T-ST-ZIP			64 CITY-S					12/6/2
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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 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 you are 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, with all other like empowered.

SIGNATURE:

561 368-5420