

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State
 07-27-1999 90025 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000039572**

1. Corporation Name
JM PROPERTIES, INC.



Principal Place of Business: 3825 HENDERSON BLVD, 400F, TAMPA FL 33629, US
 Mailing Address: 3825 HENDERSON BLVD, 400F, TAMPA FL 33629, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/05/1997**
 4. FEI Number: **59-3446867**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MARISSM, J~~
8312 PALMA VISTA LN
TAMPA FL 33614

81 Name: **MARKS J**
 82 Street Address (P.O. Box Number is Not Acceptable):
 83:
 84 City: **FL** 85 Zip Code:

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	MARKS, JAMES P	
STREET ADDRESS	8312 PALMA VISTA LANE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Suzanne P. Marks	
2.3 STREET ADDRESS	8312 Palma Vista Ln.	
2.4 CITY-ST-ZIP	Tampa, FL 33614	
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: _____ **SIGNATURE REQUIRED** AS OF 813-289-0154 4/15/99 (replace lost original)

CR2E034 (5/99)



596595-9025-32
P97000039572

JM PROPERTIES, INC.
3825 Henderson Boulevard • Suite 400F
Tampa, FL 33629
Phone (813) 287-1591 • Fax (813) 289-1159

July 13, 1999

Division of Corporations
Annual Reports Filing
Post Office Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

We recently received a second notice indicating that our 1999 Corporation Annual Report was not filed on a timely basis. We mailed this report on April 15, 1999. However, I checked with our bank, and the check that we mailed with the original report has not cleared. It appears the report was never processed.

I contacted the Reinstatement Department and spoke to Kathy (850-487-6059). She instructed me to send in the second notice report, a copy of the report we originally mailed, and a new check for the \$150 filing fee.

Please contact me if any further information is required. Thank you for your assistance.

Yours truly,


Suzanne P. Marks