

FILED

Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90009 033 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000047968			
1. Corporation Name JSE Management Corp			
Principal Place of Business 10057 Hickorywood Place Boynton Beach, FL 33437		Mailing Address 10057 Hickorywood Place Boynton Beach, FL 33437	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 10057 Hickorywood Place		2a. Mailing Address 26 10057 Hickorywood Place	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Boynton Beach FL		28 City & State Boynton Beach FL	
24 Zip 33437		25 Country U.S.	
29 Zip 33437		30 Country U.S.	
3. Date/Incorporated or Qualified 5/28/1997		4. FEI Number 65-0757614	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Brady, Robert 1601 Forum Place, Ste 404 West Palm Beach, FL 33401		10. Name and Address of New Registered Agent 81 Name Thelma Elfman 82 Street Address (P.O. Box Number is Not Acceptable) 10057 Hickorywood Place 83 84 City Boynton Beach FL 85 Zip Code 33437	
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 Thelma Elfman 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 D NAME Elfman Jay S. STREET ADDRESS 10057 Hickorywood Place CITY-ST-ZIP Boynton Beach, FL 33437		1.1 TITLE PVP, T, S, D 1.2 NAME ELMAN, Jay S. 1.3 STREET ADDRESS 10057 Hickorywood Place 1.4 CITY-ST-ZIP Boynton Beach, FL 33437	
TITLE VP NAME Elfman, Amy STREET ADDRESS 73 Harbor Key CITY-ST-ZIP Secaucus, N.J. 07094		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 807, 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: By: Jay S. Elfman, President 3-25-99 561 732 6646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)