

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 16 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 797000050865
1. Corporation Name
J. F. P. Holdings, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5 Hendricks Isle
Suite, Apt. #, etc.
22 City & State
23 Ft. Lauderdale FL
Zip Country
24 33301 25 US
2a. Mailing Address
26 Person 300 Madison Avenue
Suite, Apt. #, etc.
27 City & State
28 New York, NY
Zip Country
29 10017 30 US

3. Date Incorporated or Qualified
06/09/97
4. FEI Number
65-0761562
Applied For
Not Applicable
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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
Stanley Person
82 Street Address (P.O. Box Number is Not Acceptable)
5700 Escondido Blvd.
83 Suite 604
84 City
St. Petersburg FL 85 Zip Code
33715

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 *Stanley Person* (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 6/2/98

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Palmese Jason F.
1.3 STREET ADDRESS 5 Hendricks Isle
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301
2.1 TITLE PVS ☒ Change ☐ Addition
2.2 NAME Palmese Jason F.
2.3 STREET ADDRESS 5 Hendricks Isle
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301
3.1 TITLE Treas. ☐ Change ☒ Addition
3.2 NAME Stanley Person
3.3 STREET ADDRESS 5700 Escondido Blvd.
3.4 CITY-ST-ZIP St. Petersburg, FL 33715
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 000002669250-9
4.4 CITY-ST-ZIP -10/21/98-01061-012-9
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 000002669250-9
5.4 CITY-ST-ZIP -10/21/98-01061-013-9
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS ***150.00
6.4 CITY-ST-ZIP ***150.00

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: *Stanley Person*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (10/97)