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

**PROFIT** FLORIDA DEPARTMENT OF STATE D **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 SEP 30 PM 12: 47 DOCUMENT # P97000070083 (5) SECRETARY OF STATE TALLAHASSEE, FLORIDA JFS LEASING CORP. Principal Place of Business Mailing Address 150 KEY PALM ROAD 150 KEY PALM ROAD **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1997 2, Principal Place of Business 2a. Maiting Address Applied For Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHURMAN, JAMES F 150 KEY PALM ROAD 82 **BOCA RATON FL 33432** 83 rassee 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) CERS AND PIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition THE 11700 100002653**5**61--012 NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS FL 33432 \*\*\*\*550**.**00 CHY-S1-ZP 1.4 CITY - \$1 - 7II DELETE THLE Addition 2.1 TITLE Michael H. Krul 200 E. Broward Blvd. NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Landerdale, Fr 3330) CITY-ST-ZiF 2 4 CHY-ST-7P DETETE Change Addition 3.1 HILLE TILLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - ST - 2/P CITY-S1-ZIF DELFTE 4.1 TITLE ☐ Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CBY-S 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5.1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C(1Y-\$1-7IP 5.4 CHY - ST- *Z*IP DELETE Change Addition TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if myob under oath; that I am an officer or director of the corporation or the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the rec