

PROFIT CORPORATION ANNUAL REPORT 1999



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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90022 002 \*1,350.00



DOCUMENT # P97000081890

1. Corporation Name  
JCA REALTY, INC.

|  |  |
|--|--|
| Principal Place of Business<br>3101 N FEDERAL HWY<br>6TH FLOOR<br>FORT LAUDERDALE FL 33306 | Mailing Address<br>3101 N FEDERAL HWY<br>6TH FLOOR<br>FORT LAUDERDALE FL 33306 |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |   |
|--------------------------------|---------------------|---------------------|---------------------|---|---|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>09/22/1997                                 |   |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0788517   | Applied For<br>Not Applicable                                       |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       | \$8.75 Additional Fee Required                                      |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees   |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes the current year intangible Personal Property Tax.     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|  |  |  |  |  |  |                      |  |
|--|--|--|--|--|--|----------------------|--|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent |  |                      |  |
| CORPORATE & CRIMINAL RESEARCH SERVICES INC<br>103 N MERIDIAN STREET<br>LOWER LEVEL<br>TALLAHASSEE FL 32301 |  |  |  | 81 Name<br>Michael W. Melvin                 | 82 Street Address (P.O. Box Number is Not Acceptable)<br>3101 North Federal Highway, Suite 602 |                      |  |
|  |  |  |  | 83   |  |                      |  |
|  |  |  |  | 84 City<br>Fort Lauderdale                   | 85 State<br>FL   | 86 Zip Code<br>33306 |  |

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: *[Signature]* DATE: 4/14/99  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 11 TITLE  | Director & President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | AMATURO, JOSEPH C                 | 12 NAME   |   |
| STREET ADDRESS             | 3101 N FEDERAL HWY, 6TH FLOOR     | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | FORT LAUDERDALE FL 33306          | 14 CITY-ST-ZIP  |   |
| TITLE                      | P <input type="checkbox"/> DELETE | 21 TITLE  | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| NAME                       | HASHEMI, A H                      | 22 NAME   | A. Hamid Hashemi  |
| STREET ADDRESS             | 3101 N FEDERAL HWY, STE 600       | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | FORT LAUDERDALE FL 33306          | 24 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME                       |                                   | 32 NAME   |   |
| STREET ADDRESS             |                                   | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                   | 34 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME                       |                                   | 42 NAME   |   |
| STREET ADDRESS             |                                   | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                   | 44 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME                       |                                   | 52 NAME   |   |
| STREET ADDRESS             |                                   | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                   | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME                       |                                   | 62 NAME   |   |
| STREET ADDRESS             |                                   | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                   | 64 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, with or without other like empowered.

SIGNATURE: BY: *[Signature]* DATE: 1/18/99 DURING PHONE #: 954-564-6550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: A. HAMID HASHEMI, as Vice President

CR2E034 (1/198)