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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P97000083669**1. Corporation Name

J & J REAL ESTATE MANAGEMENT COMPANY, INC.

Principal	Place of Business	Ma	iling Address					II MOILE BOILL OF		Alite ifin teat
4524 GUN		452	4 GUN CLUB RD							
STE 101	STE 101									
	EACH FL 33415 WEST PALM BEACH FL 33415						DO NOT WRITE IN THIS SPACE			
US		US	1				3. Date Incorporated or Qual 09/26/1997	red		
2. Princip	al Place of Business	2a.	Mailing Address				4. FEI Number			plied For
21		26					APPLIEDX FOR 65	-079168		t Applicable
Suite,	Apt. #, etc.	\Box	Suite, Apt. #, etc.				5. Certifcate of Status Desire	X	\$8.75	
22		27					· · · · · · · · · · · · · · · · · · ·	<u> </u>	Fee Re	
City &	State	Ь	City & State				6. Election Campaign Financ	ng 🖂		May Be to Fees
23		28	Mr.	<u> </u>			Trust Fund Contribution			to rees
Zip	Country 25	29	Zip Country				8. This corporation owes the current year intangible Personal Property Tax.			
24	9. Name and Address of Current			<u> </u>			10. Name and Address of No	w Register	ed Agent	
	3. Hallio alia / Hadi abb 3. 321, 3.11				81	Name				
	THOMPSON, DOUGLAS E			H	82	Stroot Addr	s (P.O. Box Number is Not Acc	entable)		
	4524 GUN CLUB RD., STE. 101			ľ	82	Street Addit		ершою,		
,	N. PALM BEACH FL 33415				83		<u> </u>			
i				}	84	City			. 85 Zip	Code
i				l l	Ė	•		F	L	
11. Purs office agen	uant to the provisions of Sections 607.0502 or registered agent, or both, in the State of t. I am familiar with, and accept the obligation	and 60 f Florid ons of,	Section 607.0505, Florid	ia Statu	tes.	-named corporation E • THO		arch	of changing its pointment as re	
1	Signature, typed or printed name of registered agent a				\gent	signature required		DATE	···· Sincos	DO 101 40
12.	OFFICERS AND	DIRE		13			ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	Addition
TITLE	DP CALLIDRI IOUN		☐ DELETE	1.1 TITL		}				
NAME	STALUPPI, JOHN			1.2 NAA						Ì
STREET ADD						ADDRESS				Ì
CITY-ST-ZIP	WEST PALM BEACH FL 33415		☐ DELETE	1.4 CIT 2.1 TITL	_	-ZIP			Change	Addition
TITLE !	S STALLIDDI JEANETTE		LJ VELETE	ſ		1				<u></u>
NAME :	STALUPPI, JEANETTE 4524 GUN CLUB RD, STE 101			2.2 NAM		ADDRESS				
STREET ADD	WEST PALM BEACH FL 33415									
CITY-ST-ZIP	WEST FALM BEAUTIFE GOTTS	.	. T DELETE -	2.4 CIT		1-217			☐ Change	Addition
NAME				3.2 NA				•	•	Ì
STREET ADD	PESS					ADDRESS	,			
CITY-ST-ZIP				3.4. CIT						
TITLE ,			☐ DELETE	4.1 TTT					☐ Change	Addition
NAME !				4, 2 NA	ME	1				Į
STREET ADD	RESS					ADDRESS				
CITY-ST-ZIP	}			4.4 CIT			_			,
TITLE			☐ DELETE	5.1 TITI	_	_			☐ Change	Addition
NAME			•	5.2 NA	ME					
STREET ADD	RESS			5.3 STF	REET.	ADDRESS		-		\
CITY-ST-ZIP				5.4 CIT	Y-ST-	-ZIP				
TITLE			☐ DELETE	6.1 TITI	E				☐ Change	☐ Addition
NAME				6.2 NA	ΝE					
STREET ADD	RESS	-		6.3 STF	REET	ADDRESS				ļ
CITY-ST-ZIP	[6.4 CIT	Y-ST	- ZIP				ĺ

14. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE:

(561) 844-7148

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90088 014 ***158.75