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PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000004642

1. Corporation Name

JM MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
7410 S OCEAN BLVD BLDG D. STE 105 JENSEN BEACH FL 34957	POST OFFICE BOX 102 BELLE GLADE FL 33430
2. Principal Place of Business	2a. Mailing Address

FILED Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90049 020 ***150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/15/1998 4. FEI Number Applied For 65-0805546 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be = City & State 6. Election Campaign Financing Trust Eund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Country _ Zip ☐ No Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 82 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 83 85 Zip Code 84 City

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Addition ☐ Change DELETE 1.1 TITLE TITLE MILLER, PAUL JR 1.2 NAME NAME 7410 S OCEAN BLVD, BLDG D, STE 105 1.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE vstd 2.1 TITLE TITI F MILLER, JUDY F 2.2 NAME NAME 7410 S OCEAN BLVD, BLDG D, STE 105 2.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)