

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000058236

1. Corporation Name

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90066 029 ***150.00

JNM PR	OPERTIES, INC.				
	•				1 8 004 7014 10 31 1 1038 1 04 1 0 31
Ĺ	<u></u>			{ 1881 QE \{ 18	
Principal Plac	ca of Business	Mailing Address	•	,	•
S410 NORTH BAY ROAD S410 NORTH BAY ROAD MIAMI BEACH FL 33140 MIAMI BEACH FL 33140				DO NOT WRITE IN THIS SPACE	
ļ				3. Date incorporated or Qualified .	
1	• '			06/29/1998	•
2. Principal Place of Business 2a. Mailing Address				4 FEI Number / 1 COO	Applied For
21 26				165-08-09	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28 .		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Ir	
24	25		50	Personal Property Tax.	X0,Yes □No
!	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agen
TOP	BIN, MARK A ESQ.				
	S.W. 13TH STREET		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
1	MI FL 33130		83		
1918	11 12 00 100				
•	· •		84 City	FI	85 Zip Code
11 Principant	to the amulsions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named co	progration submits this statement for the purpose of	f changing its registered
agent. I s		of Fightas, Such Change was autitions of, Section 607.0505, Florid	da Statutes.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	and the second
L	Signature, typed or printed name of registered age		legatered Agent signature req	ulred when reinstating) DATE	ID DIDECTORS IN 42
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	O TORNAL OLIMOTRIE E	☐ DELETE	1.1 TITLE		
NAME	TOBIN, CHRISTINE F		12 NAME		
STREET ADDRESS	5410 NORTH BAY ROAD MIAMI BEACH FL 33140		1.3 STREET ADDRESS 1.4 City-ST-ZIP		·
CTY-ST-ZP	D	DELETE	2.1 TITLE		Change Addition
NAME	BOSA, JOHN		2.2 NAME		_
STREET ADDRESS	1	•	2.3 STREET ADDRESS	•	ļ ·
CITY:ST-ZIP	MIAMI BEACH FL-33140 -	er var en en en en en en	2.4 City-ST-ZIP	_• .	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZUP	1		3.4. CITY+ST-ZIP		
TITLE	/	. DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	1		4.2 NAME		
STREET ADDRESS	s[43 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY-SY-ZIP		
TITLE	1	. DELETE	5.1 TITLE	· , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME	1		52 NAME		ì
STREET ADDRESS	ì		5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE	1	☐ DELETE	6.7 MAME		☐ Change ☐ Addition
NAME	į.				
	•		1	•	1
STREET ADDRESS	•		6.3 STREET ADDRESS 6.4 City-ST-ZIP	•	

4. 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 all other like empowered.

SIGNATURE:

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Section 4.	THE AND TYPES O	O GOINTEN NAME	THE RICHMON COEL	CES NO NISECT	COVER TO SERVICE

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