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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90101 033 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000058963

Principal Place of Business

SIGNATURE:

J & M PROPERTIES OF BOCA, INC.

540 NE 26TH C POMPANO BEA		540 NE 26TH CT POMPANO BEACH FL 33060				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 07/02/1998
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0850724 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	¬ ·			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		28	Zip Country			8. This corporation owes the current year Intangible
24	25	· _	30			Personal Property Tax.
9. Name and Address of Current R		_ 	<u> </u>			10. Name and Address of New Registered Agent
					Name	
SERLE, STEVEN				82 Street Address (P.O. Box Number is Not Acceptable)		
	OFFICES OF STEVEN SERLE	NP.			Street Addit	ess (P.O. box Number is Not Acceptable)
	CORPORATE BLVD, NW, STE 32	.co	8:	3		
BUC	A RATON FL 33431		8	4	City	FL 85 Zip Code
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) DATE						
12.	OFFICERS AND		13.		<u></u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAMÉ	Baumann, arthur f		1.2 NAME	:		
STREET ADDRESS	COD ALAFE DE		1.3 STRE	ET AI	DDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP		ZIP	
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	BASIS, MARVIN		2.2 NAME	•		,
STREET ADDRESS 540 NE 26TH CT			2.3 STREET		DORESS	
CITY-ST-ZIP POMPANO BEACH FL 33063			2. 4 CITY-		ZIP	
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME		ļ	
STREET ADDRESS			3.3 STREET ADDRESS		DORESS	
CITY-ST-ZIP			3.4. Ctry-st-zip		ZIP	
TITLE		☐ DELETE				☐ Change ☐ Addition
NAME			4. 2 NAME		Į	
STREET ADDRESS	•		4.3 STREE			
CITY-ST-ZIP	·	□ ACIETE	4.4 CITY-		ZIP	Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			Change C Addition
NAME			E .		DDRESS	
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		ì	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change Addition
TITLE		DECET	6.2 NAME			
NAME			6.3 STREE		DDRESS	
STREET ADDRESS			64 CITY-	_		
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for the	0000000	tion	n stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information
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 trasted 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, oyon an attachment with an address, with all other like empowered.						