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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARAMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 980000 69328

1. Corporation Name

<del>590</del>/

JM PARTNERS, INC

Principal Place of Business Mailing Address

## FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90043 028 \*\*\*150.00

Sinte, Apt. P. etc.    Sinte, Apt. P. etc.   Sinte, Apt. P. etc.	İ							DO	NOT WRITE IN TH	HIS SPACE	
20   Surface   14   MS   File   20   Surface   20								3. Date Incorporated o	r Qualifed	<del></del> -	
Suite, Apt. 4, etc.   Site   Site   Suite, Apt. 4, etc.   Site	2. Principal Place of Business 2a. Mailing Address									A	pplied For
Suite, Apt. 4, etc.   Site   Site   Suite, Apt. 4, etc.   Site	21 5901 SOUTHWEST 74 TH STREET 26							65-085	4259	N	ot Applicable
City & State   City & City	Suite, Apt. #, etc. Suite, Apt. #, etc.							<del>                                     </del>		\$8.75	Additional
City & State    Country   2p	22 SUITE 41/ 27							5. Certificate of Status	Desired []	Fee R	equired
23   SOUTH     I	<u></u>							6. Election Campaign F	Financing	\$5.00	May Be
Zip   Country   Zip   Country   Zip   Sal   30	23 SOUTH MIAMI, FL 28								- 11	•	•
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent		-Country			Coun	itry -		8. This corporation owe	es the current year	Intangible	
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent											
3   Street Address (P.O. Box Number ig Not Acceptable)   SQO   SUN TY   TITUSTREET, Sucre YIII					<del>-</del> /					ed Agent	
TITLE   DELETE   ITTLE   DELETE   DELETE   ITTLE   DELETE   DELETE   ITTLE   DELETE   DELETE   ITTLE   DELETE   DELETE   ITTLE   DELETE   DE						82 Street	Address 901	(P.O. Box Number is N SW 74TH STR	ot Acceptable)	4//	
TITLE   DELETE   ITTLE   DELETE   DELETE   ITTLE   DELETE   DELETE   ITTLE   DELETE   DELETE   ITTLE   DELETE   DELETE   ITTLE   DELETE   DE	· 1				1	84 City		Mari		85 Zip	Code
office or registered agent_probably, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent_tam familiar units, and a post byte-depends of section 807,0505, Florida Statutes.    SIGNATURE	44 Durayant to the equipment	of Castions 607 0602		losida Ctatutoo	the ob	K. L	OV 1/4 /1	////////			
SIGNATURE	office or registered agent	or both, in the State of	f Florida. Such ch	nange was auth	orized	by the corp	oration's	board of directors. I her	reby accept the app	pointment as re	gistered
12		and accept the police	ons of, Section 6	07.0505, FIBRA 	a Statut	es.			111	u lec	
12.	SIGNATURE Signature (upon or pu	inted name of registered agent	anolicable	(NOTE R	nistered A	gent signature i	required wh	en reinstation)	DATE	6/77	
NAME						gent signaturo	required Wil		S TO OFFICERS	AND DIRECTO	ORS IN 12
NAME		<i>f. J.</i>			1.1 TITLE P/P		2/N	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Addition
NAME	1				1 2 NAM	ıc	Tas	. M MONTAKU	E	5	
NAME			12 NAME		E	JASO	SwiTH WELT 74Th	SOCRET, SUITE	411		
NAME					1.3 STREET ADDRESS   3 70		5 701	SOUTH WEST /	4/2	7	
NAME							SOUTH	MILAMI, TL SSI	743	Chan	- Addition
STREET ADDRESS   2 3 STREET ADDRESS   2 4 CITY-ST-ZIP	TITLE	Ŀ							☐ Change	☐ Addition	
2 4 CITY-ST-ZIP	NAME		2.2 NAME		ΙE						
TITLE	STREET ADDRESS		2.3 STREET A		EET ADDRESS					ļ	
NAME	CITY-ST-ZIP				2. 4 CITY-ST-ZIP						
STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP	TITLE	DELETE			3.1 TITLE		1			☐ Change	☐ Addition
STREET ADDRESS   STRE	NAME				3.2 NAME						
STREET ADDRESS   STRE	STREET ADDRESS	<del></del> -			3.3 STR	EET ADDRESS	Ì				
TITLE         DELETE         41 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         5.2 NAME         5.2 NAME         Change         Addition           NAME STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CY-ST-ZIP         Change         Addition           STREET ADDRESS         6.3 STREET ADDRESS         CITY-ST-ZIP         CHANGE         CY-ST-ZIP	CITY-ST-ZIP				II						
NAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       Change Addition         NAME       5.2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.4 CITY-ST-ZIP         TITLE       Change Addition         NAME       6.1 TITLE         NAME       C12 NAME         STREET ADDRESS       6.3 STREET ADDRESS         CITY-ST-ZIP       6.4 CITY-ST-ZIP				DELETE	u					Change	☐ Addition
A3 STREET ADDRESS   A4 CITY-ST-ZIP   A					4. 2 NAM	ΛE					
A CITY-ST-ZIP	ſ				И		1				Í
TITLE         DELETE         5 1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         0.2 NAME         CANAME         CITY-ST-ZIP         CITY-S	ļ				H						
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP		<u> </u>		DELETE			<del>                                     </del>			☐ Change	Addition
5.3 STREET ADDRESS	1									_ •	_
5.4 CITY-ST-ZIP					l l						
DELETE	ì				H		}				1
NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP		<del></del>		I DELETE			<del>                                     </del>			Change	Addition
### 6.3 STREET ADDRESS  CITY- \$1-ZIP	i i		L-	JULLETE	(I						
CITY-ST-ZIP 6.4 CITY-ST-ZIP	i				Ħ						
OTT-OT-EM	STREET ADDRESS				H						
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							<u></u>				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 Date

335 662 - 2900 Daytime Phone #