

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 FEB 19 PM 4:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000094020

1. Corporation Name
J&M PROPERTY MANAGEMENT & SALES, INC.

Principal Place of Business Mailing Address
4119 NEPTUNE RD. 4119 NEPTUNE RD.
ST. CLOUD FL 34769 ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/04/1998**
4. FEI Number: **59-3544051** Applied For Not Applicable
5. Certificate of Status Desired: [] **\$8.75** Additional Fee Required
6. Election Campaign Financing: [] **\$5.00** May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax: [] Yes [] No
10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

SCHWARTZ, JOHN
4119 NEPTUNE RD.
ST. CLOUD FL 34769

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

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's signature required for this report.)

Title

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROONEY, DAVID	
STREET ADDRESS	4119 NEPTUNE RD.	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change	[] Addition
12 NAME	OWEN, DUANE S		
13 STREET ADDRESS	4119 NEPTUNE RD		
14 CITY-ST-ZIP	ST CLOUD, FL 34769		
21 TITLE	OFFICER	[] Change	<input checked="" type="checkbox"/> Addition
22 NAME	Marianna Schwartz		
23 STREET ADDRESS	4119 NEPTUNE RD		
24 CITY-ST-ZIP	ST CLOUD, FL 34769		
31 TITLE		[] Change	[] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[] Change	[] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[] Change	[] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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 ***150.00 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(g), 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: *David Rooney*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

937-4200

CR2E034 (11/98)