## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000098631

JIZ PROPERTIES, INC.

Principal Place of Business

Mailing Address

1600 NORTH ORANGE AVENUE ORLANDO FL 32804

1600 NORTH ORANGE AVENUE

ORLANDO FL 32804

## FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90012 030 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

										3. Date Incorporated or Qualified	
										11/23/1998	
2Principal Place of Business				2a. Mailing Address						-4. FEI Number Applied For	
21				26						59-3546290 Not Applicable	
Suite, Apt.	#, etc.		27	1	, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	<u> </u>		21		City & State  6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
23	e	2004	Trust Fund Contribution Added to Fees  Ziρ Country 8. This corporation owes the current year								
Žip		Country Zi		1 .						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
24 25				29 30							
	9. Name	istered	ered Agent					10. Name and Address of New Registered Agent			
ZUCKERMAN, GREGG I							81 Name				
							82	Street /	Addres	ss (P.O. Box Number is Not Acceptable)	
		RANGE AVENUE								<u> </u>	
, ORLA	ando fl. 3	2804					83				
							84	City		85 Zip Code	
							**	Oity		FL   S   Z   P COOP	
office or	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, typed	or printed name of registered agen						gent signatur	re require		
12.	•	OFFICERS AN	D DIR	ECTOR	<u>s</u>	13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D				DELETE	1.1	TITLE			Change Addition	
NAME		ian, Gregg i				1.2	VAME				
STREET ADDRESS	1600 NOI	rth orange avenue				1.3	TREET	ADDRESS			
CITY-ST-ZIP	ORLANDO	) FL 32804				1.4	CITY-ST	-ZIP			
TITLE					DELETE	2.1	TITLE	_		Change Addition	
NAME	Ì					2.2	NAME	ļ			
STREET ADDRESS					=	2.3	STREET	ADDRESS			
CITY-ST-ZIP						2.4	CITY-ST	-ZIP			
TITLE					DELETE	_	TITLE			Change Addition	
NAME						3.2	NAME				
STREET ADDRESS								ADDRESS			
CITY-ST-ZIP							CITY-ST				
TITLE		<u> </u>			DELETE	_	TITLE			Change Addition	
NAME					☐ DELETE		NAME	İ		Cusuale Cusuales	
								ADDRESS			
STREET ADDRESS											
CITY-ST-ZIP							CITY-ST	-2119			
TITLE					DELETE		TITLE			Change Addition	
NAME							NAME				
STREET ADDRESS								ADDRESS			
CITY-ST-ZIP							CITY-ST	-ZIP			
TITLE	ĺ				DELETE	6.1	TITLE	Ī		Change Addition	
NAME	ł					6.2	NAME				
STREET ADDRESS						6.3 8	STREET	ADDRESS			
CrTY-ST-ZIP							CITY-ST				
14. I hereby or	ertify that the	information supplied with	this fil	ling does	s not qualify for the	he exen	notion	stated in	section	on 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.

**SIGNATURE** 

Lex 2th CREGG ZUCLERMA

7/9/99

407-898-6299

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