

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0116493

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

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98 AUG 18 AM 11:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S80302

(0)

1. Corporation Name
 THE JONATHAN KRANE GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 160 HARBORSIDE CIRCLE
 150 S RODEO DRIVE 3RD FL
 JUPITER FL 33447
 US

Mailing Address
 C/O GLSS & ROSEN
 16530 VENTURA BLVD. #202
 ENCINO CA 91436
 US

3. Date Incorporated or Qualified
 09/16/1991

4. FEI Number
 65-0292453

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21. Suite, Apt #, etc.

22. City & State

23. Zip

24. Country

25. Country

2a. Mailing Address

26. 10345 W. Olympic Blvd.

27. Suite, Apt #, etc.

28. City & State

29. Los Angeles, CA

30. Zip

31. 90064-2524

32. Country

33. U. S. A.

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PST | <input type="checkbox"/> DELETE |
| NAME | KRANE, JONATHAN D. | |
| STREET ADDRESS | 160 HARBORSIDE CIRCLE | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KRANE, JONATHAN D. | |
| STREET ADDRESS | 160 HARBORSIDE CIRCLE | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 900002621339-8 |
| 1.4 CITY-ST-ZIP | -08/20/98-01084-001 |
| 2.1 TITLE | ****150.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

5-9-20-98

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 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 _____ DATE 7/1/98

CR2E034 (5/98)

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P R O V I D E N T F I N A N C I A L M A N A G E M E N T

A DIVISION OF AMERICAN EXPRESS TAX AND BUSINESS SERVICES INC.

10345 WEST OLYMPIC BOULEVARD, LOS ANGELES, CALIFORNIA 90064-2524

TELEPHONE 310.282.0477 • FACSIMILE 310.282.5199

July 8, 1998

Division of Corporations
Annual Reports Filings
P O Box 1500
Tallahassee, FL

Re: The Jonathan Krane Group, Inc.
 Document # S80302

Dear Sir or Madam:

We are the business managers for The Jonathan Krane Group, Inc. We recently moved our office, as indicated on the annual report. Unfortunately, it appears that both the original report and first notice were not forwarded to our new address, and therefore, the report was not timely filed.

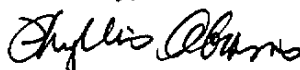
Enclosed are the following:

1. Profit Corporation Annual Report 1998
2. Check for \$150

We respectfully request that the \$400 penalty be abated.

Thank you very much.

Sincerely,



Phyllis Abrams

Enclosures

