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**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90190 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S80302**

1. Corporation Name  
**THE JONATHAN KRANE GROUP, INC.**



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

Mailing Address  
**10345 W OLYMPIC BLVD  
 LOS ANGELES CA 90064-2524  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 9255 Sunset Blvd**

2a. Mailing Address  
**26 Suite, Apt. #, etc.**

22 **Suite # 1111**

23 **Los Angeles, CA**

24 **90069** 25 **U.S.A.** 29 **30**

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 the current year Intangible Personal Property Tax.  Yes  No

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 **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE
NAME	<b>KRANE, JONATHAN D.</b>
STREET ADDRESS	<b>160 HARBORSIDE CIRCLE</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KRANE, JONATHAN D.</b>
STREET ADDRESS	<b>160 HARBORSIDE CIRCLE</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>9255 sunset Blvd # 1111</b>
1.4 CITY-ST-ZIP	<b>Los Angeles, CA 90069</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>9255 sunset Blvd # 1111</b>
2.4 CITY-ST-ZIP	<b>Los Angeles, CA 90069</b>
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 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	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/26/99** (310) 282-0477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)