

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

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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90082 050 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V03817**

1. Corporation Name

**JEROB PROPERTIES, INC.**



Principal Place of Business 5733 RIVIERA DRIVE CORAL GABLES FL 33146 US	Mailing Address 5733 RIVIERA DRIVE CORAL GABLES FL 33146 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/03/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0305196</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HERSKOWITZ, ANDREW L**  
5733 RIVIERA DRIVE  
CORAL GABLES FL 33146

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

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 Andrew L Herskowitz 1/6/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<b>P, T, C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERSKOWITZ, ANDREW L</b>	1.2 NAME	
STREET ADDRESS	<b>5733 RIVIERA DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>V, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>HERSKOWITZ, MARLA</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>5733 RIVIERA DR.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>CORAL GABLES, FL.</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>V, S, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>HERSKOWITZ, JEROME</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>430 CAMPANA AVENUE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>CORAL GABLES, FL. 33156</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>V, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>HERSKOWITZ, BERNARD</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1320 SOUTH DIXIE HWY., SUITE 920</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>CORAL GABLES, FL. 33146</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>V, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>HERSKOWITZ, KENNY</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1320 SOUTH DIXIE HWY., SUITE 920</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>CORAL GABLES, FL. 33146</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Andrew L Herskowitz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 305-528-1411  
Date Daytime Phone #

CR2E034 (11/98)