

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

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90043 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V09415

1. Corporation Name
J. MARCUS ENTERPRISES, INC.

Principal Place of Business

TWO S. BISCAYNE BLVD.
SUITE 3599
MIAMI FL 33131
US

Mailing Address

TWO S. BISCAYNE BLVD.
SUITE 3599
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1992

4. FEI Number

65-0405148

Applied For

Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21 1230 Peachtree St.	26 1230 Peachtree St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 2545	27 Suite 2545
City & State	City & State
23 Atlanta, Georgia	28 Atlanta, Georgia
Zip Country	Zip Country
24 30309 25 U.S.A.	29 30309 30 U.S.A.

9. Name and Address of Current Registered Agent

LITTMAN, ERIC P
7695 SW 104 STREET
SUITE 210
MIAMI FL 33156

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

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYN, MARK J	1.2 NAME	William L. Tuorto
STREET ADDRESS	TWO S. BISCAYNE BLVD. #3599	1.3 STREET ADDRESS	1230 Peachtree St., Suite 2545
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Atlanta, Georgia 30309
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Chief Executive Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Richard D. Tuorto
STREET ADDRESS		2.3 STREET ADDRESS	1230 Peachtree St., Suite 2545
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Atlanta, Georgia 30309
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Chief Administrative Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Randall R. Cook
STREET ADDRESS		3.3 STREET ADDRESS	1230 Peachtree St., Suite 2545
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Atlanta, Georgia 30309
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Gregg Davis
STREET ADDRESS		4.3 STREET ADDRESS	1230 Peachtree St., Suite 2545
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlanta, Georgia 30309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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:  Randall R. Cook C.A.O.

4-19-99

404-888-0731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)