

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

FILED

Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V19129 (8)

1. Corporation Name

J.E.M. MANAGEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

8895 N MILITARY TR 11811 Ave of P6A  
SUITE 202D  
PALM BCH GARDENS FL 33410  
US

P.O. BOX 30122-0122  
PALM BEACH GARDENS, FL 33420



3. Date Incorporated or Qualified  
03/05/1992

3a. Date of Last Report  
09/06/1996

4. FEI Number

65-0319914

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 11811 Ave of P6A

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bldg 1 Apt 1-D

27

City & State

City & State

23 Palm Beach Gdns FL

28

Zip

Country

Zip

Country

24 33418

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

E & M BUSINESS SERVICES, INC.  
ATTN: HOWARD ELLINGSWORTH  
11911 US HIGHWAY ONE, SUITE 210  
NORTH PALM BEACH FL 33408

81 Name

Howard Ellingsworth CPA

82 Street Address (P.O. Box Number is Not Acceptable)

243 NE 5th Ave

83

84 City

Delray Beach

FL

85 Zip Code

33483

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 D ☐ DELETE

NAME JEBB, NORMA R.  
STREET ADDRESS 5154 THYME DRIVE  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE D ☒ DELETE

NAME ELLIS, LOUISE  
STREET ADDRESS 17380 JUPITER FARMS RD.  
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97 (561)6221721

CR2E034 (9/96)