OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90007 013 ***150.00

OCUMENT # **V27543**

J PLAZA, INC.

icipal Place of Business N OCEAN DR .YWOOD FL 33019		Mailing Address 1515 N OCEAN DR HOLLYWOOD FL 33019						
		US				-	DO NOT WRITE IN THIS SE 3. Date Incorporated or Qualified 04/09/1992	PACE
Principal Place of Business 2a. Mailing Address 26							4. FEI Number 65-0326927	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75 Additional Fee Required
City & Stat	е	City & State	28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	30 Cou	ntry				Yes 📉 No
9. Name and Address of Current Registered Agent					Name	1	10. Name and Address of New Registered Ag	ent
ST JEAN, MARCEL 1515 N OCEAN DR				81 82		t Address (P.O. Box Number is Not Acceptable)		
UNIT 1B HOLLYWOOD FL 33019				83				
office or	t to the provisions of sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of, section 607.0505, F	authorized	d bv	the corpo	orporation's	on submits this statement for the purpose of chans board of directors. I hereby accept the appointn	ging its registered nent as registered
NATURE			OTE: Basista	end Ac	ant rianetus	n raquirad	when reinstating) DATE	
	Stgnature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
	D DELETE			1.1 TITLE				Change Addition
	OT IFAN MADOEI			1.2 NAME				, onlyings , now here !
ET ADDRESS	ASAS NI OCEANI DO			1.3 STREET ADDRESS				
ST-ZIP	HOLLWHOOD EL MONO			1.4 CITY-ST-ZIP				
31-217				2.1 TITLE				Change Addition
:	ST. JEAN, PIERO			ME				, change
ET ADDRESS	ASAS N OCEAN DD			2.3 STREET ADDRESS				
ST-ZIP	HOLLYWOOD FL			2.4 CITY-ST-ZIP				}
31-21F				3.1 TITLE		·		Change -Addition
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ST-ZIP	·		5,4 CF					
		DELETE	6,1 TIT					Change Addition

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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GNATURE: _

ET ADDRESS

954-927-3222

65-0326927