


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90007 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706155

1. Corporation Name
JACKSON MANOR APARTMENTS, INC.

Principal Place of Business 2319 JACKSON STREET UNIT 1 HOLLYWOOD FL 33020	Mailing Address 88 MORICHES DRIVE UNIT 1 MASTIC BEACH NY 11951 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/16/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1160709 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RICHARD N. FERRUCCI 2319 JACKSON ST. UNIT 9 HOLLYWOOD FL 33020	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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. P/D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	CECELIA POWELL	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	OLIER, FRANCIS		1.2 NAME	2319 JACKSON ST			
STREET ADDRESS	2319 JACKSON ST		1.3 STREET ADDRESS	HOLLYWOOD, FLA. 33020			
CITY-ST-ZIP	HOLLYWOOD, FL 00000		1.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	S/D S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DALEY, CYNTHIA		2.2 NAME	CYNTHIA DALEY			
STREET ADDRESS	2319 JACKSON STREET, APT. 4		2.3 STREET ADDRESS	2319 JACKSON ST			
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33020			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RABITSCH, GUNTHER		3.2 NAME	FRANCIS OLIER			
STREET ADDRESS	5555 N OCEAN BLVD, APT. 43		3.3 STREET ADDRESS	2319 JACKSON ST.			
CITY-ST-ZIP	HOLLYWOOD, FL 00000 33308		3.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33020			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAISEY, LEO		4.2 NAME				
STREET ADDRESS	2315 JACKSON ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 00000 33020		4.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FERRUCCI, RICHARD		5.2 NAME				
STREET ADDRESS	88 MORICHES DRIVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	MASTIC BEACH NY 11951		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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 617, 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: *Richard Ferrucci* SIGNATURE REQUIRED *Ferrucci* 7/20/99 516-399-0623
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0013238

CR2E037 (5/99)

Richard N. Ferrucci
88 Moriches Drive
Mastic Beach, NY 11951

579014-40006-65
706155

7/20/99

Div. of Corp.
Tallahassee, Fl. 32302-1500

Dear Sirs:

Please note this form was mailed of 3/30/99
with a check for 61.25 (Chk # 507).

I called your office on 7/20/99 and spoke
to Mr. Mark Corbett, he explained that a new form
was sent that had to list 3 directors, I never
received it.

Per Mr. Corbett's instruction I filled out the
enclosed form and trust all will be satisfactory.

Very truly yours

Richard N. Ferrucci

* Please note some changes have been made
since March of 1999.