

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

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

05-07-1999 90041 010 ***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 # F97000005944
 1. Corporation Name
STEVEN HALDANE JACKSON CO., INC.

Principal Place of Business 3 CHURCH CIRCLE, SUITE 134 ANNAPOLIS MD 21401	Mailing Address 3 CHURCH CIRCLE, SUITE 134 ANNAPOLIS MD 21401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2442 CERRILLOS RD Suite, Apt. #, etc. 22 307 City & State 23 SANTA FE, NM Zip Country 24 87505 25 USA	2a. Mailing Address 26 2442 CERRILLOS RD Suite, Apt. #, etc. 27 307 City & State 28 SANTA FE, NM Zip Country 29 87505 30 USA	3. Date Incorporated or Qualified 11/10/1997	4. FEI Number 52-2022175 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent JACKSON, S H 757 S.E. 17TH ST., SUITE 240 FORT LAUDERDALE FL 33316	10. Name and Address of New Registered Agent 81 Name JACKSON, S H 82 Street Address (P.O. Box Number is Not Acceptable) 3941 TAMiami TRAIL 83 UNIT 3157, STE. 72 84 City PUNTA GORDA FL 85 Zip Code 33950
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, STEVEN H	1.2 NAME	
STREET ADDRESS	757 S.E. 17TH ST., SUITE 240	1.3 STREET ADDRESS	2442 CERRILLOS RD., STE. 307
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	SANTA FE, NM 87505
TITLE	VTVC <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, CLAUDIA B	2.2 NAME	
STREET ADDRESS	757 S.E. 17TH ST., SUITE 240	2.3 STREET ADDRESS	2442 CERRILLOS RD., STE. 307
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	SANTA FE, NM 87505
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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 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: CLAUDIA B. JACKSON **REQUIRE** 4-28-99 505 983-1865
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)