

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90285 001 *1,200.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L86928**

1. Corporation Name
REGENCY REALTY GROUP, INC.

Principal Place of Business Mailing Address
 121 W. FORSYTH STREET 121 W. FORSYTH STREET
 SUITE 200 SUITE 200
 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	07/13/1990	59-3016736	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>		
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29		30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
F&L CORP. 200 LAURA ST. JACKSONVILLE FL 32202	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Co-P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JONATHAN L	1.2 NAME	Stein Robert L.
STREET ADDRESS	115 S LASALLE ST 2ND FLOOR	1.3 STREET ADDRESS	121 W. Forsyth St. Ste 200
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Jacksonville FL 32202
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, MARTIN E., JR.	2.2 NAME	Stein, Martin E. Jr.
STREET ADDRESS	121 W. FORSYTH STREET	2.3 STREET ADDRESS	121 W. Forsyth St. Ste 200
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32202
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	LEAVITT, J C	3.2 NAME	
STREET ADDRESS	121 W. FORSYTH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Co-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, RICHARD W.	4.2 NAME	Stein, Richard W.
STREET ADDRESS	121 W. FORSYTH STREET	4.3 STREET ADDRESS	121 W. Forsyth St. Ste 200
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville FL 32202
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, BRUCE M.	5.2 NAME	Gowen Alyson
STREET ADDRESS	121 W. FORSYTH STREET	5.3 STREET ADDRESS	121 W. Forsyth St., Ste 200
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville FL 32202
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOFHEIMER, N. A., JR.	6.2 NAME	
STREET ADDRESS	121 W. FORSYTH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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: Alyson Gowen Alyson Gowen 4-26-99 (904) 356-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)