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PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P96000081164

1. Corporation Name
 LEFAVE ASSOCIATES, INC.

Principal Place of Business: 2532 PARK ST JACKSONVILLE FL 32204 US
 Mailing Address: 2532 PARK ST JACKSONVILLE FL 32204 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 10/01/1996
 4. FEI Number: 59-3403823
 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 owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent
 SMITH, C. HOLT III
 ONE INDEPENDENT DRIVE
 SUITE 3301
 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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 reinstalling) DATE

12. OFFICERS AND DIRECTORS
 1.1 TITLE: D LEFAVE, JILL G
 1.2 NAME: LEFAVE, JILL G
 1.3 STREET ADDRESS: 1427 BELVEDERE AVENUE
 1.4 CITY-ST-ZIP: JACKSONVILLE FL 32205
 2.1 TITLE: D LEFAVE, STEPHEN G
 2.2 NAME: LEFAVE, STEPHEN G
 2.3 STREET ADDRESS: 1427 BELVEDERE AVENUE
 2.4 CITY-ST-ZIP: JACKSONVILLE FL 32205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 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

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: *Jill Lefave, President* Date: 1/18/99 Daytime Phone #: 904-389-1409

CR2E034 (1/198)