

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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90032 010 \*\*\*150.00

03/23/00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000021413**

1. Corporation Name  
**FWBA&S PROPERTIES, INC.**



Principal Place of Business 50 N LAURA STREET SUITE 2800 JACKSONVILLE FL 32202	Mailing Address 50 N LAURA STREET SUITE 2800 JACKSONVILLE FL 32202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 305 W. Grand Avenue	26 305 W. Grand Avenue			03/06/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 100	27 Suite 100			59-3518980	
City & State		City & State		Applied For	
23 Montvale, New Jersey	28 Montvale, New Jersey			Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 07645 25 USA	29 07645 30 USA			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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANSON, KARL B JR 50 N LAURA STREET SUITE 2800 JACKSONVILLE FL 32202				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Michael C. J. Fallon
STREET ADDRESS		1.3 STREET ADDRESS	305 W. Grand Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Montvale, NJ 07645
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Donald L. Correll
STREET ADDRESS		2.3 STREET ADDRESS	305 W. Grand Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Montvale, NJ 07645
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	John J. Turner
STREET ADDRESS		3.3 STREET ADDRESS	305 W. Grand Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Montvale, NJ 07645
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Joseph S. Thompson
STREET ADDRESS		4.3 STREET ADDRESS	305 W. Grand Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Montvale, NJ 07645
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	AV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Keith E. Duane
STREET ADDRESS		5.3 STREET ADDRESS	305 W. Grand Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Montvale, NJ 07645
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Allan P. Shakely
STREET ADDRESS		6.3 STREET ADDRESS	305 W. Grand Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Montvale, NJ 07645

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: \_\_\_\_\_ DATE: 3/31/99 DAYTIME PHONE #: 301-505-2488

CR2E034 (1/198)