

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

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90005 013 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # ~~80-00000000000000000000~~ V53356

1. Corporation Name
REGENCY PLAZA JACKSONVILLE, INC.

Principal Place of Business
700 TERN POINT CIRCLE
BOCA RATON, FL 33431

Mailing Address
700 TERN POINT CIRCLE
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JULY 27, 1992

2. Principal Place of Business
21 21294 GREENWOOD COURT

2a. Mailing Address
26 21294 GREENWOOD COURT

4. FEI Number
65-0368069

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23 BOCA RATON, FL

City & State
28 BOCA RATON, FL

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

Zip
24 33433

Country
25 USA

Zip
29 33433

Country
30 USA

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MARC J. STONE
200 SOUTH BISCAYNE BOULEVARD, SUITE 2500
MIAMI, FL 33131-2336

10. Name and Address of New Registered Agent

81 Name ALLEN F. DICKERMAN

82 Street Address (P.O. Box Number is Not Acceptable)
21294 GREENWOOD COURT

83

84 City BOCA RATON FL 85 Zip Code 33433

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 Allen F. Dickerman ALLEN F. DICKERMAN 8-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> DELETE
NAME	SANDRA R. DICKERMAN	
STREET ADDRESS	700 TERN POINT CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA R. DICKERMAN	
1.2 STREET ADDRESS	21294 GREENWOOD COURT	
1.3 CITY-ST-ZIP	BOCA RATON, FL 33433	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Sandra R. Dickerman 8/9/99 603-998-2835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
561-218-2835

CR2E034 (11/98)