

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **V60195**
1. Corporation Name
PEMBROKE BUILDING ASSOCIATES, INC.

Principal Place of Business Mailing Address
3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207 **3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207**

FILED
99 OCT 14 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3139850	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEMETREE, J.C., JR 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMETREE, JACK C	1.2 NAME	
STREET ADDRESS	3740 BEACH BLVD., STE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMETREE, MARK C.	2.2 NAME	
STREET ADDRESS	3740 BEACH BLVD., STE 300	2.3 STREET ADDRESS	400003023014--4
CITY-ST-ZIP	JACKSONVILLE, FL 32207	2.4 CITY-ST-ZIP	-10/22/99--01116--004
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKLER, ROBERT O.	3.2 NAME	
STREET ADDRESS	3000 INDEPENDENT SQUARE	3.3 STREET ADDRESS	***158.75 ***158.75
CITY-ST-ZIP	JACKSONVILLE, FL 32202	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMETREE, CHRISTOPHER C.	4.2 NAME	
STREET ADDRESS	3740 BEACH BLVD., STE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMETREE, J.C., JR	5.2 NAME	
STREET ADDRESS	3740 BEACH BLVD., STE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

TS

10/21/1999

PEMBROKE BUILDING ASSOCIATES, INC..
3740 BEACH BOULEVARD.
SUITE 300
JACKSONVILLE, FLORIDA 32207-3818

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

2

October 8, 1999

Re: PEMBROKE BUILDING ASSOCIATES , INC.
FEI # 59-3139850
1999 Annual Report

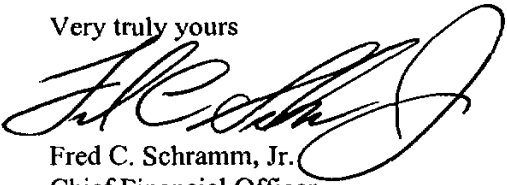
Gentlemen

We recently discovered that we did not receive the First Notice 1999 Corporation Annual Report or any late filing reminders that have are usually mailed out. We contacted the department of state and requested replacement report form. Enclosed is a copy of our e mail correspondence.

- * We kindly request that the late fee be waived due to the non receipt of the report. We will make appropriate changes in our own internal record keeping system to monitor the receipt of this report in the future to insure timely filing.

Your assistance and consideration of this request will be greatly appreciated.

Very truly yours



Fred C. Schramm, Jr.
Chief Financial Officer