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 # 265751

GEORGE A. ISRAEL, JR., INC

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90041 014 ***150.00



Principal Place of Business Mailing Address					- I (BBILD ()BID BILE BILL BILL BBBL BILDE IIS) BIBL B	(811 B181) #1811	81411 B1411 1991
Principal Place	e of Business	-					
144 WATTS ST. JACKSONVILLE FL 32204		P.O. BOX 41106 JACKSONVILLE FL 32203			DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualifed 12/31/1962		
2. Principal Pl	2a. Mailing Address	Address		4. FEI Number	A	pplied For	
21		26			59-1001532 Not Ap		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Int		□N ₆
24	25	29 30			Personal Property Tax.	Yes	□No
<u>1</u>	9. Name and Address of Currer	nt Registered Agent	[10. Name and Address of New Registered	Agent	
				81 Name			_
O'CONNOR, JOHN W.			 	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	LENOX AVENUE					<u> </u>	
JACKSONVILLE FL 32205			L	83		las Zin	Còde
				84 City	Fi	85 Zip	Code
SIGNATURE	Signature, typed of printed name of registered age OFFICERS AI	ant and title if applicable. (NOTE: Re	gistered /	Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DELETE	1.1 TITI	LE		☐ Change	Addition
NAME	ISRAEL, GEORGE A. III		1.2 NA	ME	·		
STREET ADDRESS	144 WATTS ST		1.3 STF	REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CIT	Y-ST-ZIP	<u>.</u>		ET Address
TITLE	VPD	☐ DELETE	2.1 TIT	LE		☐ Change	Addition
NAME	CORDERO, KEVIN D.		2.2 NA	ME			
STREET ADDRESS	144 WATTS ST		2.3 511	REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		_	TY-ST-ZIP		Change	Additio
TITLE	STD	☐ DELETE	3.1 TIT			☐ ⇔irangt	, Landino
NAME	O'CONNOR, JOHN W.		3.2 NA	!			
STREET ADDRESS				REET ADORESS			
CITY-ST-ZIP	JACKSONVILLE FL	[] BOLETE		TY-ST-ZIP		[7] Change	e Additio
TITLE		☐ DELETE	4.1 TIT		•	9	J
NAME			4. 2 NA			~	
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CIT 5.1 TIT	ry-ST-ZIP		Chang	e .
TITLE			5.1 III 5.2 NA	l l	••	•	
NAME				REET ADDRESS			
STREET ADDRESS				TY-ST-ZIP	· •		
CITY-ST-ZIP		☐ DELETE	6.1 TIT			Change	e 🔲 Additio
TITLE			6.2 NA		r	_ •	-
NAME			•	REET ADDRESS			
STREET ADDRESS				TY-ST-ZIP			
	1		U.4 UI	11-31-411			

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE