1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 470756

1. Corporation Name

SSV OF JAX BEACH, INC.

Principal Place of Business

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90073 011 ***150.00



	e of business	Mailing Address					
1712 BEACH BU JACKSONVILLE		1712 BEACH BLVD. JACKSONVILLE BCH. FL 32250					
					DO NOT WRITE	IN THIS SPACE	1
					3. Date Incorporated or Qualifed		
	•			_	03/20/1975		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
	dec of Basillees	 			59-1579604	⊢	Not Applicable
21	4 -1-	Suite, Apt. #, etc.			33 131 300 7		5 Additional
Suite, Apt. #	#, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired		Required
City & State	9	City & State			6. Election Campaign Financing	_, \$5.0	0 May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Coun	trv	8. This corporation owes the current	vear Intannible	
			30	,	Personal Property Tax.	¥ Yes	□No
24	25	<u> </u>	30		10. Name and Address of New Reg		
	9. Name and Address of Current	Registered Agent	 	B1 Name		istered Agent -	-
,,	DI ATTOURN A		'	81 Name		•	. }
	ri, Stephan S.	i i	· I I		ddress (P.O. Box Number is Not Acceptable	9)	
	BEACH BLVD	.		000.7.	indicate (1 to box training to the training to		
JACK	KSONVILLE BEACH FL 32250	•	1	83	* N. A. * * · ·		
	. •		-	84 City		FL 85 Z	ip Code
		COZ 1509 Elocido Statuto	o tho ob	nye-named c	corporation submits this statement for the pu	mose of changing	its registered
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was au ons of, Section 607.0505, Flor	is, the ab- uthorized ida Statul	by the corpores	ration's board of directors. I hereby accept the	he appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent				quired when reinstating)	DATE	
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC	TORS IN 12
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACRI, STEPHAN S. 41 SOUTH ROSCOE BLVD. PONTE VEDRA BEACH FL		1.1 TITL 1.2 NAA 1.3 STR	KE EET ADORESS 7-ST-ZIP			ge Addition
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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:

Daytime Phone #