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

DOCUMEN1	⁻ #	F45	713

Corporation Name

JONES-R	RILEY AND ASSOCIATES, II	VC.						
Principal Place	of Business	Mailing Address				- \$ 100,100 tist misni mill imene tionu ritt mil	III BEBEI DION DEN	(£ #J#11 A1A11 1AB1
4338 LAFAYETT	E ST	PO BOX 399						
MARIANNE FL 3	32446	MARIANNA FL 32447	عد . <u></u>			DO NOT WRITE IN T	IIS SPACE	-
·US		US				3. Date Incorporated or Qualifed	IIO OI NOL	
						09/23/1981		1
2 D===== D	land of Dunings	2a. Mailing Address				4. FEI Number		Applied For
-	lace of Business					59-2137257	1 1	Not Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.				_		Additional
	m, etc.	27				5. Certifcate of Status Desired	•	Required
City & State		City & State				6. Election Campaign Financing	\$5.0	0 May Be
23	-	28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	intry –		8. This corporation owes the current year	Intangible	
24	25	29	30	-		Personal Property Tax.	∐Yes	□No
***	. 9. Name and Address of Currer					10. Name and Address of New Register	ed Agent	
				81 Na	me			l
	Y, SIDNEY W			82 Str	oot Addro	ss (P.O. Box Number is Not Acceptable)		
4338	LAFAYETTE ST			62 3"	eet Addre	55 (F.O. Box Number is Not Acceptable)		
MAR	IANNE FL 32446			83				
							05 7	n Codo
	•			84 Cil	ty		-∟ 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Florida Statute	s, the a	bove-nar	ned corpo	ration submits this statement for the purpose is board of directors. I hereby accept the ap	of changing	its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized da Stati	t by the c	corporation	n's board of directors. I hereby accept the ap	pointment as	registered
-	m lamiliai with, and accept the obliga	mona di, dadion dei 1990, i lon	-	J. 100.				
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: I	Registered	Agent signa	ature required	when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TI	TLE			Chang	e
NAME	Jones, Christopher H		1.2 N	AME.				
STREET ADDRESS	31 ERLAND ROAD							
CITY-ST-ZIP	STONEY BROOK, NY 0		1.3 \$1	TREET ADDI	RESS			
TITLE	STORET DROOM, ITT U			TY-ST-ZIP	RESS			
	DV DV	☐ DELETE		TY-ST-ZIP	ŒSS .		☐ Chang	e Addition
NAME		☐ DELETE	1.4 CI	TY-ST-ZIP TLE	RESS		☐ Chang	e Addition
NAME STREET ADDRESS	DV	☐ DELETE	1.4 CI 2.1 Π 2.2 N/	TY-ST-ZIP TLE			☐ Chang	e ☐ Addition
	DV RILEY, SIDNEY W	☐ DELETE	2.1 TT 2.2 No 2.3 ST	TY-ST-ZIP TLE AME				
STREET ADDRESS	DV RILEY, SIDNEY W 4338 LAFAYETTE ST	☐ DELETE	2.1 TT 2.2 No 2.3 ST	TY-ST-ZIP TLE AME TREET ADDF		·	☐ Chang	
STREET ADDRESS CITY-ST-ZIP	DV RILEY, SIDNEY W 4338 LAFAYETTE ST		1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C	TTY-ST-ZIP TLE AME TREET AODF TTY-ST-ZIP TLE				
STREET ADDRESS CITY-ST-ZIP TITLE	DV RILEY, SIDNEY W 4338 LAFAYETTE ST		1.4 CI 2.1 TI 2.2 No 2.3 ST 2.4 C 3.1 TI 3.2 No	TTY-ST-ZIP TLE AME TREET AODF TTY-ST-ZIP TLE	RESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	DV RILEY, SIDNEY W 4338 LAFAYETTE ST		1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST	TY-ST-ZIP TLE AME TREET AODF STY-ST-ZIP TLE AME	RESS	·	☐ Chang	ie Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DV RILEY, SIDNEY W 4338 LAFAYETTE ST		1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST	TTY-ST-ZIP TLE AME TREET AOD! TLE TLE AME TREET ADO! TLE TREET ADO!	RESS			ie Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DV RILEY, SIDNEY W 4338 LAFAYETTE ST MARIANNE FL 32446	☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. C 4.1 TI 4.2 N/ 4.3 S' 4.4 CI 5.1 TI 5.2 N/ 5.3 S' 5.4 CI 6.1 TI 6.2 N/	ITY-ST-ZIP TILE AME ITREET ADDI ITY-ST-ZIP TILE AME ITY-ST-ZIP TILE TILE	RESS RESS		☐ Chang	e Addition

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 TAPED OR PRINTED NAME