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 # F93000002774

JACKSONVILLE ASSOCIATES OF DELAWARE, INC.

Principal Place	e of Business	Mailing Add	ress				.,,,,		••••••••			
710 ROUTE 46 EAST. SUITE 210		710 ROUTE 46 EAST. SUITE 210										
FAIRFIELD NJ 07004		FAIRFIELD NJ 07004				DO NOT WRITE IN THIS SPACE						
						-	3. Date Inc	orporated or Qu				
							06/16/	•				
2. Principal Pi	lace of Business	2a. Mailing	Address				4. FEI Nun				11/	Applied For
21		26				22-323	38351				Not Applicable	
Suite, Apt.	#, etc.		pt. #, etc.				£ Cortifort	e of Status Des	ired	 1	~~~~	Additional
22		27					5. Certificat	e or status des	ireu [J	Fee I	Required
- City & State	8 a.c	City & S	tate =	* . *			6. Election	Campaign Fina	ncing _	1		0 мау Ве
23		28						nd Contribution				d to Fees
Zìp	Country	Zip		Country	У			poration owes t	he current		ngible □ Yes	(D)No
24		29]	30	<u> </u>				I Property Tax.	Now Post			LECTIO
	9. Name and Address of Current	Registered Ag	ent	81	1 6	Name	10. Name a	ilu Address Ol	New Negi	Storou A	gent	
THE	PRENTICE-HALL CORPORATION	SYSTEM, INC	_									
1201 HAYES STREET		Protein, me		82	2 8	Street Addres	ss (P.O. Box I	Number is Not A	Acceptable))		
l	E 105			83	3							
	AHASSEE FL 32301		· - ·									
				84	4 (City				FL	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508,	Florida Statutes,	, the abov	ve-n:	amed corpor	ation submits	this statement	for the purp	ose of c	hanging	its registered
l office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such d	change was auth	iorizea by	v tne	e corporation	's board of di	rectors. I hereby	y accept the	e appoint	iment as	registered
SIGNATURE												
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	egistered Age	ent siç	gnature required w	vhen reinstating)			DATE		
12.	OFFICERS AND			13.			ADDITIO	NS/CHANGES	TO OFFICE	ERS AND		
12.	PTD		☐ DELETE	1.1 TITLE			ADDITIO	NS/CHANGES	TO OFFICI	ERS AND	DIREC¹ ☐ Chang	
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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 enter attachment with an address, with all other like empowered.

SIGNATURE: 3

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90239 037 ***150.00