

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004766 (0)**

1. Corporation Name

JACKSONVILLE APARTMENTS CORP.



Principal Place of Business Mailing Address
**C/O FORTIS, INC.
ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
NEW YORK NY 10005**

3. Date Incorporated or Qualified **10/02/1995** 3a. Date of Last Report **N/A**
4. FEI Number **APPLIED FOR 13-386864** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEDMAN, ALLEN R	1.2 NAME	AS
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	1.3 STREET ADDRESS	KATSIDHE, KATHERINE
CITY-ST-ZIP	NEW YORK NY 10005	1.4 CITY-ST-ZIP	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, KERRY	2.2 NAME	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLAND, MARTIN S	3.2 NAME	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINKERHOFF, JAMES J	4.2 NAME	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, JOHN F	5.2 NAME	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	5.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGE, BARBARA	6.2 NAME	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John F. Sheehan 1-18-96 212-859-7189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Display Phone #)

CR2E034 (12/95)