

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

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90038 043 ***150.00

DOCUMENT # F95000004766

1. Corporation Name

JACKSONVILLE APARTMENTS CORP.

Principal Place of Business

C/O FORTIS, INC.
ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
NEW YORK NY 10005

Mailing Address

C/O FORTIS, INC.
ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
NEW YORK NY 10005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1995

4. FEI Number

13-3868664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEDMAN, ALLEN R	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAYTON, KERRY	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TEEL, NORCROSS JR.	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRINKERHOFF, JAMES J	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHEEHAN, JOHN F	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	HEGE, BARBARA	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 41ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

000393