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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500004766

1. Corporation Name

JACKSONVILLE APARTMENTS CORP.

Principal Place	of Business	Mailing Address	=				* 1001100 *110 11	8487 B4111 B8127 B				
C/O FORTIS. INC. ONE CHASE MANHATTAN PLAZA. 41ST FLOOR NEW YORK NY 10005  C/O FORTIS. INC. ONE CHASE MANHATTAN PLAZA. 41ST FLOOR NEW YORK NY 10005				ZA. 41ST	FLOOR		ī	DO NOT WR	RITE IN THIS	S SPACE		
7.2							Date Incorporate	d or Qualifed	i			
							10/02/19 <u>95</u>				1	
2. Principal Pla	ace of Business	2a. Mailing Address				1	El Number				_	ed For
21		26					<u>13-3868664                                 </u>				<del></del>	Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc	).			5. 0	Certifcate of Stat	us Desired			7 <b>5</b> Add	
22		27	_								e Requ	
City & State	•	City & State				l l	Election Campaig	-	' □ .		.00 м	•
23		28	_	Causta		_	Frust Fund Contr				ded to	rees
Zip	Country	Zip	-	Country			This corporation		rrent year Ir	itangible Yes		]No
24	25	29	30				Personal Propert Name and Addr		Pagistored			3140
	9. Name and Address of Curren	t Registered Agent		81	Name	10. 1	Name and Adul	ess of New	Registered	Agent		<del></del> -
C T (	CORPORATION SYSTEM			"	Mairie							
_	SOUTH PINE ISLAND ROAD			82	Street /	Address (P.0	O. Box Number i	is Not Accep	table)			
	STATION FL 33324			83			-					
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•				84	City				FI	85	Zip Co	de
44 Durament t	to the provisions of Sections 607.050	2 and 607 1508 Florida 5	Statutes t	he above	a-named	corporation	submits this stat	ement for the	e purpose o	f changin	g its re	gistered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change v	vas autho	rized by	the corpo	oration's boa	ard of directors. I	hereby acce	ept the appo	intment a	as regis	stered
agent. I ar	n familiar with, and accept the obligat	tions of, Section 607.050	5, Fionda	Statutes.								
SIGNATURE	Signature, typed or printed name of registered ager	a a del . ur a l'acidia	ALOYE AL						DATE			<del></del>
				ietorad Anan	n eignature ri	required when fell	nstating)					
12		<u>-</u> -	(NOTE: Regi		nt signature re	equired when reli		NGES TO O		ND DIRE	CTOR	S IN 12
12.	OFFICERS AN	D DIRECTORS		13.	nt signature r		nstating) DDITIONS/CHA	NGES TO O		ND DIRE		S IN 12
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14. 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 suppliemental 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.

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS ONE CHASE MANHATTAN PLAZA, 41ST FLOOR

**NEW YORK NY 10005**