

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0025

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90031 042 ***150.00

DOCUMENT # F97000000577

1. Corporation Name

JACKMONT MALL CONCEPTS, INC.

Principal Place of Business

100 PEACHTREE ST., STE. 2275
ATLANTA GA 30303

Mailing Address

100 PEACHTREE ST., STE. 2275
ATLANTA GA 30303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

58-2265847

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

21

Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PIERSON, ANDREW
2415 NORTH MONROE ST.
TALLAHASSEE MALL, SPACE FC 2
TALLAHASSEE FL 32303

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	CD	<input type="checkbox"/> DELETE
NAME	JACKSON, MAYNARD H	
STREET ADDRESS	100 PEACHTREE ST., STE. 2275	
CITY-STATE-ZIP	ATLANTA GA 30303	
TITLE	CPTD	<input type="checkbox"/> DELETE
NAME	HALPERN, DANIEL J	
STREET ADDRESS	100 PEACHTREE ST., STE. 2275	
CITY-STATE-ZIP	ATLANTA GA 30303	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	JACKSON, BROOKE R	
STREET ADDRESS	100 PEACHTREE ST., STE. 2275	
CITY-STATE-ZIP	ATLANTA GA 30303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL HALPERN

4/26/99

Date

(404) 523-5744

Telephone #

CR2E034 (11/98)