

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**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90072 003 \*\*\*150.00

**DOCUMENT # F99293**

1. Corporation Name

**JAMES B. JAFFA COMPANY**

Principal Place of Business

**3491 PALL MALL DRIVE  
STE. 201  
JACKSONVILLE FL 32257-5463  
US**

Mailing Address

**3491 PALL MALL DRIVE  
STE. 201  
JACKSONVILLE FL 32257-5463  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/09/1982**

4. FEI Number

**59-2220409**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 8282 Western Way Circle**

2a. Mailing Address

**26 8282 Western Way Circle**

Suite, Apt. #, etc.

**22 Suite # 1209**

Suite, Apt. #, etc.

**27 Suite # 1209**

City & State

**23 Jacksonville FL**

City & State

**28 Jacksonville FL**

Zip

**24 32256**

Country

**25 USA**

Zip

**29 32256**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**MAIMAN, LEONARDO J ESQ  
BEANT, MOORE, MACDONALD, & WELLS, PA  
STE 3100, BARNETT CENTER  
JACKSONVILLE FL 32202**

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 ☐ DELETE

**NAME  
JAFFA, JAMES B  
STREET ADDRESS  
3491 PALL MALL DRIVE, STE. 201  
CITY-ST-ZIP  
JAX FL**

TITLE ☐ DELETE

**NAME  
JAFFA, JAMES B  
STREET ADDRESS  
3491 PALL MALL DRIVE, STE. 201  
CITY-ST-ZIP  
JAX FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **8282 Western Way Circle Suite #1209**

1.3 STREET ADDRESS **Jacksonville FL 32256**

1.4 CITY-ST-ZIP **Jacksonville FL 32256**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **8282 Western Way Circle Suite #1209**

2.3 STREET ADDRESS **Jacksonville FL 32256**

2.4 CITY-ST-ZIP **Jacksonville FL 32256**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAMES B. JAFFA 12 Feb 1999 268-8612**

CR2E034 (11/98)