

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

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

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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**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

2. Principal Place of Business  
 21 **8282 Western Way Circle**  
 Suite, Apt. #, etc.  
 22 **Suite # 1209**  
 City & State  
 23 **Jacksonville FL**  
 Zip Country  
 24 **32256** 25 **USA**

2a. Mailing Address  
 26 **8282 Western Way Circle**  
 Suite, Apt. #, etc.  
 27 **Suite # 1209**  
 City & State  
 28 **Jacksonville FL**  
 Zip Country  
 29 **32256** 30 **USA**

3. Date Incorporated or Qualified  
**09/09/1982**

4. FEI Number  
**59-2220409**

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

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	PST	<input type="checkbox"/> DELETE
NAME	JAFFA, JAMES B	
STREET ADDRESS	3491 PALL MALL DRIVE, STE. 201	
CITY-ST-ZIP	JAX FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAFFA, JAMES B	
STREET ADDRESS	3491 PALL MALL DRIVE, STE. 201	
CITY-ST-ZIP	JAX FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>8282 Western Way Circle, Suite #1209</b>
1.4 CITY-ST-ZIP	<b>Jacksonville FL 32256</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>8282 Western Way Circle Suite #1209</b>
2.4 CITY-ST-ZIP	<b>Jacksonville FL 32256</b>
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: **JAMES B. JAFFA** 12 Feb 1999 268-8612  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)