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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **G76532**  
1. Corporation Name  
**JAYNE DUNCAN FIRMAN REAL ESTATE, INC.**

Principal Place of Business      Mailing Address  
**1/3 JAYNE DUNCAN FIRMAN  
329 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**      **1/3 JAYNE DUNCAN FIRMAN  
329 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      28 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      29 Zip      Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/28/1983**

4. FEI Number      Applied For  
**59-2455011**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing       \$5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax.       Yes       No

8. Name and Address of Current Registered Agent  
**ATTERBURY, WILLIAM W III  
329 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

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 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered agent signature required when substituting)

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD VICE PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>FIRMAN, JAYNE D</b> <b>ACTIVE</b>
STREET ADDRESS	<b>329 RYL POINCIANA PLZA</b>
CITY-ST-ZIP	<b>PALM BCH FL</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-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-ST-ZIP	
2.1 TITLE	<b>DIRECTOR, PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ZECKHOFF, ARTHUR W NON-ACTIVE</b>
2.3 STREET ADDRESS	<b>770 LEANINGTON AVE</b>
2.4 CITY-ST-ZIP	<b>NEW YORK NY 10021</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ZECKHOFF, WILLIAM L</b>
3.3 STREET ADDRESS	<b>770 LEANINGTON AVE</b>
3.4 CITY-ST-ZIP	<b>NEW YORK, NY 10021</b> <b>TREASURER - NON-ACTIVE</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SWIG, KENT H</b>
4.3 STREET ADDRESS	<b>770 LEANINGTON AVE</b>
4.4 CITY-ST-ZIP	<b>NEW YORK, NY 10021</b> <b>SECRETARY - NON-ACTIVE</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>BURRIS, DAVID</b>
5.3 STREET ADDRESS	<b>770 LEANINGTON AVE</b>
5.4 CITY-ST-ZIP	<b>NEW YORK, NY 10021</b> <b>VICE PRES - NON-ACTIVE</b>
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 filers empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/1/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (OPTIONAL)

CR25034 (11/98)

SP