
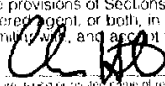
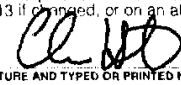


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H13264 1. Corporation Name <p style="text-align: center;">Jackson Street Management Company, Inc.</p>					
Principal Place of Business Mailing Address					
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24 25 29 30		2a. Mailing Address 26 111 Second Avenue N.E. 27 Suite, Apt. #, etc. 28 St. Petersburg, Florida 29 33701 30		3. Date Incorporated or Qualified 7/20/84 3a. Date of Last Report 2/7/96 4. FEI Number 59-2446584 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
81 Name Christopher M. Hunter 82 Street Address (P.O. Box Number is Not Acceptable) 111 Second Avenue N.E. 83 84 City St. Petersburg FL 85 Zip Code 33701			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:  CHRISTOPHER M. HUNTER 4/28/97 <small>(Signature required or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)</small>		
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE 11 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE 21 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE 31 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE 41 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE 51 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE 61 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11 TITLE D/P 12 NAME John W. Sapanaki 13 STREET ADDRESS 111 Second Avenue N.E. 14 CITY-ST-ZIP St. Petersburg, Florida 33701 <input type="checkbox"/> Change <input type="checkbox"/> Addition 21 TITLE D/VP/T 22 NAME William F. Falzone 23 STREET ADDRESS 111 Second Avenue N.E. 24 CITY-ST-ZIP St. Petersburg, Florida 33701 <input type="checkbox"/> Change <input type="checkbox"/> Addition 31 TITLE D/VP 32 NAME Michael Johnson 33 STREET ADDRESS 111 Second Avenue N.E. 34 CITY-ST-ZIP St. Petersburg, Florida 33701 <input type="checkbox"/> Change <input type="checkbox"/> Addition 41 TITLE S 42 NAME Christopher M. Hunter 43 STREET ADDRESS 111 Second Avenue N.E. 44 CITY-ST-ZIP St. Petersburg, Florida 33701 <input type="checkbox"/> Change <input type="checkbox"/> Addition 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 900002163988 61 TITLE -05/02/97--01100--041 62 NAME ***495.00 63 STREET ADDRESS 64 CITY-ST-ZIP		
14. I do 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. SIGNATURE:  S.E.C.T. 4/28/97 813-823-7300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (9/96)

Handwritten: OK 4/30/97