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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

H87511

(2)

JACKSONVILLE PROPERTY INVESTORS, INC.

Principal Place of Business	Mailing Address		·			\$360 <b>  1</b> 560   <b>156</b> 0   <b>156</b> 0	
C/O PETER D. SLEIMAN C/O PETER D. SLEIMAN							
4347-10 UNIVERSITY BOULEVARD, SOUTH	4347-10 UNIVERSITY	4347-10 UNIVERSITY BOULEVARD, SOUTH					
JACKSOAVILLE FL 32216	JACKSONVILLE FL 3	1221b	,	3. Date Incorporated or Qualified 11/14/1985		3a. Date of Last Report 05/01/1995	
2. Principal Place of Business	2a, Mailing Address		4. FEI Numbe			Applied For	
1	26		65-0	142434		Not Applicable	
Suite, Apt. # etc.	Suite, Apt. #, etc.		5. Certificate (	of Status Desired	1 1 7 7	3.75 Additional Fee Required	
Crty & State	City & State		<b>6</b> Flortion Ca	ımpaign Financing		5.00 May Be	
3	28			Contribution		Added to Fees	
Zip Country	Zip	Country	8. This corpor	ration has liability for i	intangible tax und	der s. 199.032,	
4 25	29	30	Florida Stat		□No		
g. Name and Address of Curre	ent Registered Agent			I Address of New R	egistered Agen	t	
		81 Na	ne				
SLEIMAN, PETER D.		<b>82</b> Str	eet Address (P.O. Box Nun	nber is Not Acceptab	ie)		
4347-10 UNIVERSITY BOULEVARD, SO	).						
JACKSONVILLE FL 32216		83					
		<b>84</b> City	<u> </u>	·····	E 1 85	Zip Code	
11. Pursuant to the provisions of Sections 607.050	10 1007 1502 5	As the state of	d accompanies a discrimate	ataloguet for the ac-	FL The state of th	ite registered effic	
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec	thon 607.0505, Horida Statute	es					
SIGNATURE Signature Signature pasted mater of regenerations	ritavitki otoppalisoo (f	Note: Reposed Agest such	the resourced When teachs' doug'		DAIL		
Signature, by each provided number of regenerations	nd D.RECTORS	Notice the paternal Agent source 13.	ADDITIONS	S/CHANGES TO OFF	ICERS AND DIRI		
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Styletisk, by editor product name of registeristics:  12. OFFICERS AT  III.E , VD  NAME SLEIMAN, PETER D.	NID D.RECTORS	13.	VD SLEIMAN, P	ETER D.	ICERS AND DIRI		
12. OFFICERS AT  THE CONTROL OF SLEIMAN, PETER D.  922 WATERMAN ROAD, NO	NID D.RECTORS	13.	ADDITIONS  VD  SLEIMAN, P  4347-10 UN	ETER D.	ICERS AND DIRI		
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12. OFFICERS AT  TITLE , SIZEMAN, PETER D.  922 WATERMAN ROAD, NO  DITY-ST-ZP JACKSONVILLE FL  TITLE DP  NAME SLEIMAN, ANTHONY T.  3937 PONCE DE LEON AVI  JACKSONVILLE FL  TITLE DP  SLEIMAN, ANTHONY T.  3937 PONCE DE LEON AVI  JACKSONVILLE FL  TITLE D	ND D.RECTORS  DELETE  DELETE	13. 1 TITLE 12 NAME 13 STREEL ADDR 14 C TY-S1-Z-P 2 TITLE 22 NAME 23 STREEL ADDR 24 CITY-ST-Z-P 3 TITLE	SLEIMAN, P 4347-10 UN JACKSONVIL DP SLEIMAN, A 4347-10 UN JACKSONVIL D	ETER D. IVERSITY BI LE, FL 322 NTHONY T. IVERSITY BI LE, FL 322	LVD. S.	ange Addition	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 731-8806

CR2E034 (12/95)