

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90006 041 ***150.00

0129060

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K56116 1. Corporation Name GERALD JACKSON JR, CPA, PA			
Principal Place of Business 7410 SOUTH US HWY #1, STE 404 PORT ST. LUCIE FL 34952		Mailing Address 7410 SOUTH US HWY #1, STE 404 PORT ST. LUCIE FL 34952	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent JACKSON, GERALD JR 2218 EAST OCEAN OAKS LANE VERO BEACH FL 32963		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE _____ NAME JACKSON, GERALD JR STREET ADDRESS 2218 E OCEAN OAKS LN CITY-ST-ZIP VERO BEACH FL		1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		6.1 TITLE _____ 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.			
SIGNATURE: <i>[Signature]</i>		561-879- 6-30-99 3738	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (5/99)

GERALD J. JACKSON JR.

CERTIFIED PUBLIC ACCOUNTANT, P.A.

588707-90006-41

K56116

Member: AICPA
FICPA

CENTURY PROFESSIONAL PLAZA
7410 SOUTH U.S. HIGHWAY #1, SUITE 404
PORT ST. LUCIE, FLORIDA 34952

TELEPHONE:
(561) 879-3738
1 (800) 768-3738
Fax (561) 879-2801

Florida Department of State
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Today I received a second notice for my annual corporate filing fee. (DOCUMENT # K56116)
I had sent the form and check # 8952 for \$150.00 dated March 31, 1999 by regular US mail
on March 31, 1999. After checking with your office and my bank, the check has never been
processed.

I have always paid on time, ever since I incorporated back in 1989 and am requesting a waiver
of the \$400.00 late fee due to the lost check.

This is being sent by certified mail to insure deliver and all future checks will be sent by
certified mail. Thank you.

Gerald Jackson Jr

Gerald Jackson Jr CPA

June 30, 1999