2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # K68251 1. Entity Name 04-26-2004 90575 010 ***150.00 C. S. JACKSONVILLE WAREHOUSE CORP. Mailing Address Principal Place of Business C/O LEVITT PROPERTIES C/O LEVITT PROPERTIES 14000041 402-412 RT 23 FRANKLIN NJ 07416 FRANKLIN NJ 07416 2. Principal Place of Business 3. Mailing Address 100 Quarry R CR2E034 (11/03) Applied For City & State 4. FEI Number 22-2963509 Not Applicable Country U.S.A. \$8.75 Additional 07419 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST STE - 105 TALLAHASSEE FL 32301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change Addition TITLE TITLE CHAIFETZ, MALCOLM NAME NAME 350 FIFTH AVENUE STREET ADDRESS STREET ADDRESS NEW YORK NY CITY-ST-ZIP CITY-ST-ZIP TITLE TD TITLE ☐ Change ☐ Addition ☐ Delete RUBEINSTEIN, ESTELLE NAME NAME 215 E. 68TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEVITT, MORTIMER NAME NAME STREET ADDRESS STREET ADDRESS 10 E 82ND STREET CITY-ST-ZIP CITY-ST-7IP NEW YORK NY VD ☐ Change Addition TITLE TITLE □ Delete LEVITT, ANNEMARIE NAME NAME 10 E 82ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NY NY CITY-ST-ZIP TITLE ☐ Delete TITLE Thange Addition EBERLY, K NAME NAME 402-412 ROUTE 23 100 Quarry Rd. He.Z STREET ADDRESS STREET ADDRESS FRANKLIN NJ 07416 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(Kathy Eberly)

SIGNATURE:

FILED