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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L47329

1. Corporation Name
J. J. SHEPARD ASSOCIATES, INC.

Principal Place of Business

% JULIUS J. SHEPARD
2321 FISHER ISLAND
MIAMI FL 33109

Mailing Address

% JULIUS J. SHEPARD
2321 FISHER ISLAND
MIAMI FL 33109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1990

4. FEI Number

65-0181073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 % Lawrence L. Jaffe

Suite, Apt. #, etc.

27 5991 Chester Ave. #104

City & State

28 Jacksonville, FL

Zip

Country

29 32217

30 USA

9. Name and Address of Current Registered Agent

SHEPARD, JULIUS J.
2321 FISHER ISLAND
MIAMI FL 33109

10. Name and Address of New Registered Agent

81 Name

Lawrence L. Jaffe

82 Street Address (P.O. Box Number is Not Acceptable)

5991 Chester Avenue

83

Suite 104

84

City
Jacksonville

FL

85 Zip Code

32217

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

Lawrence L. Jaffe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

3/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS SHEPARD, JULIUS J.
CITY-ST-ZIP 2321 FISHER ISLAND
MIAMI FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS SHEPARD, JOHN S.
CITY-ST-ZIP 8763 S.W. 61ST PLACE
MIAMI, FL 33143

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7330 S.W. 135th Terrace
2.4 CITY-ST-ZIP Miami, FL 33156

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Lawrence L. Jaffe
3.3 STREET ADDRESS 5991 Chester Avenue Suite 104
3.4 CITY-ST-ZIP Jacksonville, FL 32217

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)