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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M19524

1. Corporation Name

THE JACKSON GROUP DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

1200 N FEDERAL HIGHWAY

1200 N FEDERAL HIGHWAY

SUITE 111

SUITE 111

BOCA RATON FL 33432

FILED

May 07, 1999 8:00 am Secretary of State

05-07-1999 90063 021 ***150.00

DO NOT WRITE IN THIS SPACE

DOCK RATOR FL WINE	DOCA INTOIT I C 00402				
			3. Date Incorporated or Qualifed 08/16/1985		
2. Principal Place of Business	2a. Mailing Address	0	4. FEI Number	Applied For	
21 2 FAST CAMIN	ORGALIGO 2 EAST CATAI	NO REAL	59-26436 <u>60</u>	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State Roya Ruton	FC 28 City & State COCA RATT	WE_	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 33432 [25]	Zip 33432—30 Cou	untry	This corporation owes the current year Personal Property Tax.	ar Intangible ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
JACKSON, JOSEPH R. 1200 N FEDERAL HWY			s (P.O. Box Number is Not Acceptable)	TAC	
SUITE 111 BOCA RATON FL 33432		83 Su 1 84 City Bec	TE 100 a Roston	FL 85 Zip Code 32	
office or registered agent, or both, in	s 607.0502 and 607.1508, Florida Statutes, the a the State of Florida. Such change was authorize the obligations of, Section 607.0505, Florida Stat	d by the corporation'	s board of directors. I hereby accept the a	se of changing its registered appointment as registered	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 2 EAST CAMINO REAL Change □ DELETE 1.1 TITLE TITLE JACKSON, JOSEPH R. 1.2 NAME NAME 1200 N. FEDERAL HWY SUITE 111 1.3 STREET ADDRESS STREET ADDRESS 33432 **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CfTY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY- ST-ZIP CITY-ST-ZIP

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

☐ Addition

CR2E034 (11/98)