
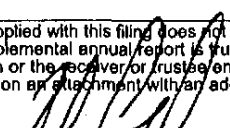


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N29809 (3)			
1. Corporation Name DON JACOBS CENTER PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business C/O DON JACOBS ORGANIZATION 2689 NICHOLASVILLE ROAD LEXINGTON KY 40503		Mailing Address C/O DON JACOBS ORGANIZATION 2689 NICHOLASVILLE ROAD LEXINGTON KY 40503	
2. Principal Place of Business 21 13880 SOUTH TAMiami TRAIL Suite, Apt. #, etc. 22		2a. Mailing Address 26 13880 SOUTH TAMiami TRAIL Suite, Apt. #, etc. 27	
City & State 23 FORT MYERS, FLORIDA Zip Country 24 33912 25 USA		City & State 28 FORT MYERS, FLORIDA Zip Country 29 33912 30 USA	
9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	JACOBS, DON		
CITY-ST-ZIP	2689 NICHOLASVILLE RD. LEXINGTON KY		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	STD WEST, KAREN L		
CITY-ST-ZIP	2689 NICHOLASVILLE RD. LEXINGTON KY 40503		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	D JACOBS, LEE ANN		
CITY-ST-ZIP	2689 NICHOLASVILLE RD. LEXINGTON KY 40503		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PDSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	BEN FREELAND		
1.3 STREET ADDRESS	13880 SOUTH TAMiami TRAIL		
1.4 CITY-ST-ZIP	FORT MYERS, FL, 33912		
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	CHRIS FREELAND		
2.3 STREET ADDRESS	13880 SOUTH TAMiami TRAIL		
2.4 CITY-ST-ZIP	FORT MYERS, FL, 33912		
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	MIKE DANIELS		
3.3 STREET ADDRESS	14080 SOUTH TAMiami TRAIL		
3.4 CITY-ST-ZIP	FORT MYERS, FL, 33912		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), Florida Statutes. I further certify that the information indicated on this annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  BEN FREELAND 7/30/98 (414) 433-8334			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (5/98)