

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000005551

1. Corporation Name

L.F. JAX REALTY CORPORATION

Principal Place of Business

905 16TH ST. N.W.
WASHINGTON DC 20006-1765

Mailing Address

C/O ULLICO INC., ATTN: MORT. & REAL EST.
111 MASS. AVE. N.W.
WASHINGTON DC 20001

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 046 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/20/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
58-2216250

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D BEARSE, MICHAEL S**
STREET ADDRESS **905 16TH ST. N.W.**
CITY-ST-ZIP **WASHINGTON DC 20006-1765**

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D FISCHER, GEORGE J**
STREET ADDRESS **905 16TH ST. N.W.**
CITY-ST-ZIP **WASHINGTON DC 20006-1765**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D WARREN, MASON M**
STREET ADDRESS **905 16TH ST. N.W.**
CITY-ST-ZIP **WASHINGTON DC 20006-1765**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE
NAME **D VINALL, R P** Deceased
STREET ADDRESS **905 16TH ST. N.W.**
CITY-ST-ZIP **WASHINGTON DC 20006-1765**

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

☒ Change ☐ Addition

D
Booker, Carl E.
905 16th Street, NW
Washington, DC 20006-1765

TITLE ☐ DELETE
NAME **D CAVALLARO, ALFRED A**
STREET ADDRESS **905 16TH ST. N.W.**
CITY-ST-ZIP **WASHINGTON DC 20006-1765**

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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 REQUIRED

July 27, 1999

202/737-8320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)