Mailing Address

4500 SALISBURY RD **SUITE #502** 

2a. Mailing Address

26

JACKSONVILLE FL 32216

**PROFIT CORPORATION** ANNUAL REPORT

1999

Principal Place of Business 4500 SALISBURY RD

2. Principal Place of Business

JACKSONVILLE FL 32216

**SUITE #502** 

21



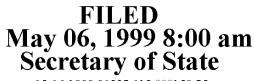
FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000010865

JANSSEN FINANCE COMPANY



05-06-1999 90237 012 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

12/08/1992

65-0375169

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>&gt; \$8./5</b> A Fee Red		
22		27					<del></del>	
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	, ,	
Zip	Country	Zip	Country		8. This corporation owes the current year		_	
24	25	29	30		Personal Property Tax.		No	
'	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registe	ered Agent		
				81 Name				
CT CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)				
1200 S PINE ISLAND RD			"	Olicety regions (1.15) con the last is the last in the				
PLANTATION FL 33324								
				0::		85 Zip C	`odo	
			84	City		FL 85 Zip C	,oue	
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 allthorized by the corporation's poard of directors, I nereby accept the appointment as registered.								
agent. I am famillar with, and accept the obligations of, Section 607.0505, 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		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12	
TITLE	Р	X DELETE	1,1 TITLE	P		Change	<b>X</b> Addition	
NAME	COSTA, P.F.		1.2 NAME	N	orton, D.Y.			
STREET ADDRESS	1125 TRENTON-HARBOURTON R	n	1.3 STREET		125 Trenton-Harbouton	Rd		
CITY-ST-ZIP	TITUSVILLE NJ 08560		1.4 CITY-S		itusville NJ 08560			
TITLE	V	<b>V</b> DELETE	2.1 TITLE		S	Change	Addition	
NAME	GIVEN, B.D.	^	2.2 NAME		ilton, J.R.			
STREET ADDRESS	1125 TRENTON-HARBOURTON R	D	2.3 STREET		Johnson & Johnson Pla	73 00000		
CITY-ST-ZIP	TITUSVILLE NJ 08560	•	2, 4 CITY-S		Junison & Junison Fra.	<sup>2a</sup> 08933		
TITLE	VT	☐ DELETE	3.1 TITLE			Change	X Addition	
NAME	SZABO. J		3.2 NAME		S		]	
STREET ADDRESS	1125 TRENTON-HARBOURTON R	n	3.3 STREET	ADDRESS 4	osenberg, S.M.   Johnson & JOhnson Pla	72		
CITY-ST-ZIP	TITUSVILLE NJ 08560		3.4. CITY-S					
TITLE	V	/ DELETE	4.1 TITLE	A	lew Brunswick, NJ 08933 S	Change	X Addition	
NAME	SHORT, H.E.		4. 2 NAME	S	itern, S			
STREET ADDRESS	4500 SALISBURY RD., SUITE 502	)	4.3 STREET		Johnson & JOhnson Pla	7a		
CITY-ST-ZIP	JACKSONVILLE FL 32216		4.4 CITY-S		lew Brunswick, NJ 08933			
TITLE	AS	☐ DELETE	5.1 TITLE		IS	Change	X Addition	
NAME	MEEK. GERALD R		5.2 NAME					
STREET ADDRESS	4500 SALISBURY RD., SUITE 502	)	5.3 STREET	ADDRESS	lllmann, M 1 Johnson & Johnson Pla	za		
CITY-ST-ZIP	JACKSONVILLE FL 32216	•	5.4 CITY-S		New Brunswick, NJ	08933	[	
TITLE	S	☐ DELETE	6.1 TITLE	A	S	☐ Change	Addition	
NAME '	WARREN, L.A.		6.2 NAME		occa, R. L.			
STREET ADDRESS			6.3 STREET		Johnson & Johnson Pla	72	ſ	
SIKEEI MUURESS	TOURNOUT & JOHNSON FLAZA	•			Compon & Compon 1 (a.	Lu		

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:

ER OR DIRECTOR

4/30/99

904-443-1000