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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000049091 (0)**

1. Corporation Name
J.C. JACKSONVILLE FL III, INC.

Principal Place of Business: **9444 ARLINGTON EXPY JACKSONVILLE FL 32211**

Mailing Address: **419 CROSSWAYS PARK DR WOODBURY NY 11797**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	07/07/1993	09/22/1994
22	27	4. PFI Number	Applied For
23	28	59-3230832	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26	31	8. This corporation has liability for intangible tax under § 100.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JENNIFER, L P
9444 ARLINGTON EXPRESSWAY
JAX FL 32211**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D GREENFIELD, HARLEY	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	1725 YORK AVE	2. STREET ADDRESS	
3. CITY, ST, ZIP	NEW YORK NY 10028	3. CITY, ST, ZIP	
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST, ZIP		6. CITY, ST, ZIP	
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST, ZIP		15. CITY, ST, ZIP	

14. I, the undersigned, certify that the information contained with this report is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071 thru 119.074, Florida Statutes. I further certify that the information submitted on this annual report is a true and correct statement of the corporation's financial condition and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, or the agent or transferee authorized to execute this report as required by Chapter 227, Florida Statutes, and that my name appears in Block 1, or Block 13 of this report, or in an addition thereto with an address.

SIGNATURE: **X**  **HARLEY GREENFIELD** 4/18/95 510-440-1902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR