**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P93000067068

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90076 024 \*\*\*150.00

| 1. Corporation Name  C & J PROPERTY MANAGEMENT, INC.   |  |  |  |            |   |                   |                           |             |
|--|--|--|--|------------|---|-------------------|---------------------------|-------------|
| OUUTI  | IOI EIII I MANAGEMENT, IN  | <b>.</b>   |  |            | <br>  |                   |                           |             |
|  | <u>.</u>   |  |  |            |   |                   |                           |             |
| Principal Place  | e of Business  | Mailing Address  |  |            |   |                   |                           |             |
| 2304 ALOMA A   | VE   | 2304 ALOMA AVE<br>2ND FL   |  |            |   |                   |                           |             |
| 2ND FL WINTER PARK FL 32792 WINTER PARK FL 32792   |  |  |  |            | DO NOT WRITE IN THIS SPACE  |                   |                           |             |
| US   |  | US   |  |            | <ol> <li>Date Incorporated or Qualifer</li> <li>09/15/1993</li> </ol> | ż                 |                           | į           |
| 2 Principal P  | lace of Business   | 2a, Mailing Address  |  |            | 4. FEI Number   |                   | Apr                       | olied For   |
| 21 214   | + Annia Street   | 26 2 14 Ann  | ie Stree   | <u>.</u> } | 59-3200769  |                   | Not                       | Applicable  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  | <u> </u>   |            | 5. Certifcate of Status Desired                                       |                   | <b>\$8.75</b> A<br>Fee Re | I           |
| City & Stat  | Α  | City & State   |  |            | 6. Election Campaign Financing  |                   | \$5.00                    | May Be      |
| コムル  | ando Florida   | <b>⊢</b> - ' \   | Florido  |            | Trust Fund Contribution   | '                 | Added to                  | · 1         |
| Zip  | Country  | Zip  | Country  |            | 8. This corporation owes the cu                                       | rrent year In     |                           | }           |
| 24 328   | ou 25 Orange   | 29 32804 30  | Orange   | 2          | Personal Property Tax.  |                   |                           | □No         |
|  | 9. Name and Address of Current   | Registered Agent   |  |            | 10. Name and Address of New   | Registered        | l Agent                   |             |
| CROSSMAN, SCOTT  |  |  |  |            | rossman, S  | k att             |                           |             |
|  | 82 Street  | Addre  | ss (P.O. Box Number is Not Accep   | table)     |   |                   |                           |             |
| 2304   |  | 山  | Annie Stre   |            |   |                   |                           |             |
| 2ND  |  |  | 83   |            |   |                   |                           | İ           |
|  | TER PARK FL 32792  |  | 84 City  | <u>O</u> , | -lando  | Fl                |                           | .eo⊾        |
| 11. Pursuant to the provisions of Sections 697 0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, is the state of Florida. Such change was authorized by the corporation |  |  |  |            | ration submits this statement for th                                  | e purpose o       | f changing its            | registered  |
| office or r  | egistered agent, or both, in the state of<br>m familiar with, and accordine obligation | Florida. Such change was auth<br>ons of, Section 607.0505, Florida | orized by the corporate or the corporate of the corporate | oration    | n's board of directors, I hereby acc                                  | ept the appo      | )intment as reç           | jisterea    |
| •  |  | 113 01, 0001011 001 30000, 1 101101                                |  |            |   | 1-15:             | :99                       | J           |
| SIGNATURE  | orgnature, typed or printed name of registered agent a                                 | ind title if applicable. (NOTE: Re                                 | gistered Agent signature r   | equired ·  |   | DATE              |                           |             |
| 12.  | OFFICERS AND   | DIRECTORS  | 13.  |            | ADDITIONS/CHANGES TO C  | FFICERS A         |                           |             |
| TITLE  | D  | ☐ DELETE   | 1.1 TITLE  |            |   |                   | Change                    | ☐ Addition  |
| NAME   | CROSSMAN, SCOTT E  |  | 1.2 NAME   | C/         | ossiman' Scop   | اد <sub>.</sub> ف |                           | •           |
| STREET ADDRESS   | 2304 ALOMA AVE 2ND FL  |  | 1.3 STREET ADDRESS   | 2.         | 14 Annie Stre   | جمد               |                           |             |
| CITY-ST-ZIP  | WINTER PARK FL   |  | 1.4 CITY-ST-ZIP  | 0          | Manda, FL 3:  | <u> 2804</u>      |                           |             |
| TITLE  |  | ☐ DELETÉ   | 2.1 TITLE  | İ          | •   |                   | ☐ Change                  | ☐ Addition  |
| NAME   |  |  | 2.2 NAME   |            |   |                   |                           |             |
| STREET ADDRESS   |  |  | 2.3 STREET ADDRESS   |            |   |                   |                           |             |
| CITY-ST-ZIP  |  |  | 2. 4 CITY-ST-ZIP   |            |   |                   |                           | CT Addition |
| TITLE  |  | ☐ DELETE   | 3.1 TITLE  |            |   |                   | ☐ Change                  | Addition    |
| NAME   |  |  | 3.2 NAME   |            |   |                   |                           | 1           |
| STREET ADDRESS   |  |  | 3.3 STREET ADDRESS   |            |   |                   |                           | }           |
| CITY-ST-ZIP  |  |  | 3.4. CITY-ST-ZIP   | -          |   |                   | □ Change                  | Addition    |
| TITLE  |  | ☐ DELETE   | 4.1 TITLE  |            |   |                   | ☐ Change                  | ☐ Addition  |
| NAME   |  |  | 4. 2 NAME  |            |   |                   |                           |             |
| STREET ADDRESS   |  |  | 4.3 STREET ADDRESS   |            |   |                   |                           |             |
| CITY-ST-ZIP  |  | □ DELETE   | 4.4 CITY-ST-ZIP  |            |   |                   | : Change                  | Addition    |
| TITLE  |  | ☐ DELETE   | 5.1 TITLE<br>5.2 NAME  |            |   |                   |                           |             |
| NAME   |  |  | 5.3 STREET ADDRESS   |            |   |                   |                           |             |
| STREET ADDRESS   |  |  | 5.4 CITY-ST-ZIP  |            |   |                   |                           |             |
| CITY-ST-ZIP  |  | ☐ DELETE   | 6.1 TITLE  | 1          |   |                   | ☐ Change                  | Addition    |
| TITLE  |  | _ SELETE   | 6.2 NAME   |            |   |                   |                           | _           |
| NAME   |  |  | 6.3 STREET ADDRESS   |            |   |                   |                           | {           |
| STREET ADDRESS   | 1  |  | = 2.0 G TILL I PEDITEO   | 1          |   |                   |                           | ;           |

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 ceiver 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 changes. On an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP