

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000009469

1. Corporation Name
CAMBRIDGE SAN JOSE, INC.

Principal Place of Business		Mailing Address	
2221 LEE ROAD SUITE #28 WINTER PARK FL 32789 US		2221 LEE ROAD SUITE #28 WINTER PARK FL 32789 US	
2. Principal Place of Business		25. Mailing Address	
21 Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22 City & State		27. City & State	
23 Zip		28. Zip	
24 Country		29. Country	
9. Name and Address of Current Registered Agent			
LECCESI, JACQUELINE COS 2221 LEE ROAD SUITE #28 WINTER PARK FL 32789			
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 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 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 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 DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: LECCESE, JACQUELINE COS STREET ADDRESS: 2221 LEE ROAD SUITE #28 CITY-ST-ZIP: WINTER PARK FL 32789		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
		6.1 TITLE 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)(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: *Jacqueline Lecese* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90137 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	02/04/1994
4. FEI Number	59-3243728
5. Certificate of Status Desired	<input type="checkbox"/>
6. Election Campaign Financing	<input type="checkbox"/>
7. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. \$8.75 Additional Fee Required	
\$5.00 May Be Added to Fees	
9. Name and Address of New Registered Agent	

CR2E034 (11/98)

4/21/99 407-645-5575
Date Daytime Phone #