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

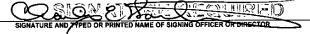
DOCUMENT # P94000010053

MASON-PHILLIPS PROPERTIES OF FLORIDA II, INC.

Principal Place	of Business	Mailing Address							•
2320 S THIRD ST S		2320 S THIRD ST S							
11 JACKSONVILLE	BEACH FL 32250	11 Jacksonville Beach FL 32250 US				DO NOT WRITE IN THIS SPACE			
US	DENOTITE SEESS					3. Date Incorporated or Qualifed			
						02/08/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Appl	ied For
21		26			·	59-3227747		Not /	Applicable
Suite, Apt	#:etc.	Suite, Apt.,#, etc.				5. Certificate of Status Desired			ditional
22	•	27				3. Continente di Giatta Douisia	Fe	ee Req	uired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		ided to	Fees
Zip	Country	Zip Country				8. This corporation owes the current year I			Oh.
24	25					Personal Property Tax.	☐ Yes	<u>بر</u>	X(No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
MASON-PHILLIPS MANAGEMENT COMPANY				31	Name				
		IFAIVI	8	32	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	S THIRD STREET		L				<u>-</u>		
SUIT			8	33					
JACK	(SONVILLE BEACH FL 32250		8	34	City	FL 85 Zip Code		ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,								on ite n	enistered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was auti	norizea r	วงแ	named corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the app	ointment	as regi	stered
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					signature required				
12.			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE ☐ Cha		S IN 12 Addition
TITLE			1.1 TITL	1.1 TITLE				ange	- Addition
NAME	HARTMAN, VANESSA L		1.2 NAM	E					ŧ
STREET ADDRESS 2320 S THIRD ST SUITE 11 .			1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	0/10/10 0/1/1222 04 10:1: 12 10:011			-ST-	ZIP				C Addition
TITLE	PT DELETE 2.11			11 TITLE Change				Addition	
NAME	HARTMAN, CHARLES E			E			_		
STREET ADDRESS	ss -10101-ARROWHEAD DR. # 1024 =			EETA	ADDRESS	که هند به این این این «بینینینی» «معینی» «خی <u>نین»</u>		~	
CITY-ST-ZIP	CI) (-OI-23)			Y- \$T-	-ZIP				
TITLE	DELETE 3.1			3.1 TITLE			☐ Cha	ange	☐ Addition
NAME	32			ΙE					1
STREET ADDRESS	ADDRESS 3.			3.3 STREET ADDRESS					}
CITY-ST-ZIP	3.4			Y-ST	-ZIP				
TILE		☐ DELETE	4,1 TITL	Ε			Ch:	ange	☐ Addition {
NAME			4. 2 NAM	ΜE					. 1
STREET ADDRESS			4.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			4,4 CITY	/- ST-	- ZIP				
TITLE			-	5.1 TITLE			[Ch	ange	Addition
NAME			5.2 NAM	1E					
STREET ADDRESS			5.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	CONTROL BOOK STATE		5.4 CITY	/-ST-	-ZIP				
TITLE CTTT	2.53	☐ DELETE	6.1 TITL	E		•	☐ Ch.	ange	☐ Addition
NAME S	2 15 15 15 15 15 15 15 15 15 15 15 15 15		6.2 NAM	Æ					
STREET ADDRESS		1.	6.3 STR	EET A	ADDRESS				

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.

6.4 CITY-ST-ZIP



FILED

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90034 031 ***150.00