

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000057885 (3)

1. Corporation Name

EXCLUSIVE PROPERTIES OF JACKSONVILLE INC.



Principal Place of Business

5601 TIMUQUANA ROAD
SUITE 1
JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 14151
JACKSONVILLE FL 32210

2. Principal Place of Business

2a. Mailing Address

21 5601 TIMUQUANA RD 26 P.O. Box 14151

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1

23 Jacksonville, Florida

27 Jacksonville, Florida

24 32210

25 U.S.A.

29 32210

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALMOJERA, PILARITA M
5601 TIMUQUANA ROAD
SUITE 1
JACKSONVILLE FL 32210

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ALMOJERA, PILARITA M
STREET ADDRESS 5601 TIMUQUANA ROAD
CITY, ST, ZIP JACKSONVILLE FL 32210

TITLE D ☐ DELETE

NAME ALMOJERA, BEVERLY M
STREET ADDRESS 5601 TIMUQUANA ROAD
CITY, ST, ZIP JACKSONVILLE FL 32210

TITLE D ☐ DELETE

NAME ALMOJERA, BRIAN M
STREET ADDRESS 5601 TIMUQUANA ROAD
CITY, ST, ZIP JACKSONVILLE FL 32210

TITLE D ☐ DELETE

NAME ALMOJERA, BLANCHE M
STREET ADDRESS 5601 TIMUQUANA ROAD
CITY, ST, ZIP JACKSONVILLE FL 32210

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/96

(904) 778-1118

(904) 771-5910

CR2E034 (12/95)