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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ... DIVISION OF CORPORATIONS

1997 DOCUMENT # POSOCOO22027 (2)

FILED Feb 18 1997 8:00am Secretary of State

1. Corporation Name JEFFERSON SQUARE INVESTORS, INC. Principal Place of Business P.O. DRAWER 2599 PONTE VEDRA BCH. FL 32004 PONTE VEDRA BCH. FL 32004											
								3. Date incorporated or Qualified 04/24/1995	1	ate of Last F /01/1996	Report
2. Principal Place of Business			\vdash	2a. Mailing Address				4. FEI Number	26200		pplied For
21 Suite, Apt.	# ole		26 Sui	te, Apt. #, etc.				ХАФОТКИЗРОЖ 59-3			ot Applicable Additional
22 Suite, Apt.	. н, ек.		27	ie, Api. #, 6ic.				5. Certificate of Status Desired			Additional Seguired
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution			to Fees
Zip		Country	Z _i p	•	Cour	ntry		8. This corporation has liability for			s. 199.032,
24		25	29		30			Florida Statutes	Yes		
			rrent Registere	t Registered Agent		81	Name	10. Name and Address of New Registered Agent			
	ll, William Drawer 2										
		BCH. FL 32004				82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
ron	TIE TEUIN	DOT1. 1 E 02004			•	83					
					-	84	City			05 7 ₁₀	Code
						54	City		FI	85 Zip	C00 0
office or	registered ag	ent, or both, in the Si	toto of Elorida 9	SOO' LIOUGA SIGI	utes, the at	OVG-I	named corp	Oranon submits this statement for the	pulposa	o changing i	registered
agent. La		th, and accept the of	bligations of, Se	ction 607.0505,	Florioa Stati	utes		poration submits this statement for the ion's board of directors. I hereby acc			
agent. La		th, and accept the ol	bligations of, Se	oction 607.0505,	Florioa Stati	utes		ed when reinstating)	DVIE		
agent. I a SIGNATURE 12.	Signature, typed	th, and accept the ol	bligations of, Se	oction 607.0505, slicable (N	Florioa Stati	utes Agen:			DVIE	D DIRECTO	
agent. La	Signature, typed	th, and accept the ol or printed name of registerco OFFICERS	bligations of, Se	oction 607.0505,	Florioa Stati	utes Agen: LE		ed when reinstating)	DVIE		RS IN 12
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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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.