May 05, 1999 8:00 am Secretary of State

05-05-1999 90007 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066291

1. Corporation Name

DEERPOINTE OF JACKSONVILLE, INC.

Principal Place	e of Business	Mailing Address						
9380 103RD ST. JACKSONVILLE FL 32210		2050 EAST OAKLAND PARK BLVD.						
		SUITE 209			DO NOT WRITE I	DO NOT WRITE IN THIS SPACE		
		FT. LAUDERDALE FL 33306			3. Date Incorporated or Qualifed			
					08/28/1995			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-3332911	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75 Additional		
22		27			5. Certificate of Status Desired L	Fee Required		
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Bè		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current			
24	25	29 30	ol		Personal Property Tax.	☐ Yes ☐ No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	stered Agent		
VOL	MC DAUL D		81	Name				
	NG, PAUL D EAST OAKLAND PARK BLVD.		82	Street	t Address (P.O. Box Number is Not Acceptable)		
	E 209		83			!		
FI. L	AUDERDALE FL 33306		84	City		85 Zip Code		
			L		d corporation submits this statement for the pur	FL		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga-	of Florida. Such change was autr	nonzea by	the con	poration's board of directors. I hereby accept th	e appointment as registereu		
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: Re	egistered Age	nt signature	, rodance	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	\$	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition		
NAME	BRODY, JANETH		1.2 NAME					
Office (Delice)			1.3 STREE	T ADDRESS	3	ļ		
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-S	T-ZIP		☐ Change ☐ Addition		
TITLE	1	☐ DELETE	2.1 TITLE			Change		
NAME	BRODY, OSCAR		2.2 NAME			!		
SINEE INDUINESS TO IT IS THE INTERIOR OF THE I			2.3 STREE		s 			
CITY-ST-ZIP	BOCA RATON FL 33434		2.4 CITY-5	ST-ZIP	President/Director	☐ Change 🔯 Addition		
TITLE		☐ DELETE	3.1 TITLE		1	Change Ex Addition (
NAME			3.2 NAME		P. Doug Young 2050 East Oakland Park	Rlud Ste 209		
STREET ADORESS			3.3 STREE		Fort Lauderdale, FL. 33			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5	ST-ZIP	Fort Lauderdale, FL. 3.	Change Addition		
TITLE		□ pereie	4.1 TITLE			C. C		
NAME			4. 2 NAME		<u>.</u>			
STREET ADDRESS			4.3 STREE		8	ļ		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP		☐ Change ☐ Addition		
TITLE		□ pereie	5.1 THE 5.2 NAME					
NAME			5.3 STREE	T ADDRESS	s	ļ		
STREET ADDRESS			5.4 CITY-S		-	i		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		 	Change Addition		
TITLE			6.2 NAME					
MAINE	1		_					

14. 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.

6.3 STREET ADDRESS

SIGNATURE/

STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR