

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90102 023 ***150.00

0371280

DOCUMENT # P96000040342

1. Corporation Name
H. JACOBSON AND COMPANY

Principal Place of Business
7900 GLADES RD.
STE. #510
BOCA RATON FL 33434-4105
US

Mailing Address
7900 GLADES RD.
STE. #510
BOCA RATON FL 33434-4105
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1996

4. FEI Number

65-0687674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBSON, HAROLD B.
7900 GLADES RD. STE. #510
BOCA RATON FL 33434

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 PD ☐ DELETE
NAME JACOBSEN, HAROLD B
STREET ADDRESS 7900 GLADES RD, STE.#510
CITY-ST-ZIP BOCA RATON FL 33434

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Jacobson, Harold B.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SDT ☐ DELETE
NAME JACOBSEN, BEATRIZ
STREET ADDRESS 7900 GLADES RD STE #510
CITY-ST-ZIP BOCA RATON FL 33434

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Jacobson, Beatriz
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KOOLIK, TANIA
STREET ADDRESS 6761 ENTRADA PL
CITY-ST-ZIP BOCA RATON FL 33434

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME JACOBSEN, DAVID A MD
STREET ADDRESS 100 HARBORVIEW DR. APT. #712
CITY-ST-ZIP BALTIMORE MD 21230

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Jacobson, David A. MD
4.3 STREET ADDRESS 14 ST. Georges Road
4.4 CITY-ST-ZIP Baltimore MD 21210

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)