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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 # P96000040342

1. Corporation Name

H. JACOBSOHN AND COMPANY

Principal Place	of Business	Mailing Address				ODISS IIIII BEBER EISI ITTI
7900 GLADES RD.		7900 GLADES RD.				
STE. #510		STE. #510				
BOCA RATON FL 33434-4105		BOCA RATON FL 33434-4105		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 05/10/1996	ţ
		A Stalling Address			4. FEI Number	Applied For
<u> </u>	lace of Business	2a, Mailing Address			65-0687674	Not Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.			\$	88.75 Additional
22	m, etc.	27	,		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees		
Zip Country		Zip Country		8. This corporation owes the current year Intangible		
24	25	29 3	30		Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	nt
IAC	ORCOUN HAROUR R		81	Name	•	
JACOBSOHN, HAROLD B.			82	Street Add	Address (P.O. Box Number is Not Acceptable)	
7900 GLADES RD. STE. #510 BOCA RATON FL 33434						
ВОС	A RATON PL 33434		83			
			84	City	_, 8	5 Zip Code
					FL	
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 register 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 a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutés.			
SIGNATURE					ed when reinstation) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	agnature requir	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE			Change
NAME	JACOBSEN, HAROLD B		12 NAME	- (~	Tacobsohn, Harold B.	
STREET ADDRESS	7900 GLADES RD, STE.#510			-		
CITY-ST-ZIP	BOCA RATON FL 33434		1.3 STREET AL	DDRESS	account, had one of	•
TITLE			1.4 CITY-ST-2	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	SDT	☐ DELETE		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Change
NAME	sdt Jacobsen, Beatriz	☐ DELETE	1.4 CITY-ST-Z	ZIP		Change
NAME STREET ADDRESS		☐ DELETE	1.4 CITY-ST-Z 2.1 TITLE	JP 3	· · · · · · · · · · · · · · · · · · ·	Change
	JACOBSEN, BEATRIZ	☐ DELETE	1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME	DORESS J	acobsohn, Beataiz	·
STREET ADDRESS	JACOBSEN, BEATRIZ 7900 GLADES RD STE #510	☐ DELETE	1.4 CITY-ST-2 2.1 TITLE 2.2 NAME 2.3 STREET AL	DORESS J	acobsohn, Beataiz	Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	JACOBSEN, BEATRIZ 7900 GLADES RD STE #510 BOCA RATON FL 33434		1.4 CITY-ST-2 2.1 TITLE 2.2 NAME 2.3 STREET AL 2.4 CITY-ST-2	DORESS J	acobsohn, Beataiz	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP TITLE	JACOBSEN, BEATRIZ 7900 GLADES RD STE #510 BOCA RATON FL 33434 D KOOLIK, TANIA 6761 ENTRADA PL		1.4 CITY-ST-2 2.1 TITLE 2.2 NAME 2.3 STREET AL 2.4 CITY-ST-2 3.1 TITLE	DDRESS ZIP	acobsohn, Beataiz	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACOBSEN, BEATRIZ 7900 GLADES RD STE #510 BOCA RATON FL 33434 D KOOLIK, TANIA	DELETE	1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET AI 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4. CITY-ST-Z	DDRESS DDRESS	acobsohn, Beataiz	Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACOBSEN, BEATRIZ 7900 GLADES RD STE #510 BOCA RATON FL 33434 D KOOLIK, TANIA 6761 ENTRADA PL BOCA RATON FL 33434 D JACOBSEN, DAVID A MD	DELETE	1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET AI 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4. CITY-ST-Z	DDRESS ZIP DDRESS ZIP	acobsohn, Beataiz	Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACOBSEN, BEATRIZ 7900 GLADES RD STE #510 BOCA RATON FL 33434 D KOOLIK, TANIA 6761 ENTRADA PL BOCA RATON FL 33434 D JACOBSEN, DAVID A MD	□ DELETE □ DELETE	1.4 CITY-ST-2 2.1 TITLE 2.2 NAME 2.3 STREET AI 2.4 CITY-ST-3 3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4. CITY-ST-4 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST-2 4.4 CITY-ST-3 4.4 CITY-ST-3 4.4 CITY-ST-3 4.5 CITY-ST-3 4.5 CITY-ST-3 4.7 CITY-ST-3 4.4 CITY-ST-3	DDRESS ZIP DDRESS ZIP DDRESS ZIP	acobsohn, Beatriz acobsohn, Beatriz acobsohn, David A. mo 4 St. beorges load althore mp 21210	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	JACOBSEN, BEATRIZ 7900 GLADES RD STE #510 BOCA RATON FL 33434 D KOOLIK, TANIA 6761 ENTRADA PL BOCA RATON FL 33434 D JACOBSEN, DAVID A MD 100 HARBORVIEW DR. APT. #7	DELETE	1.4 CITY-ST-2 2.1 TITLE 2.2 NAME 2.3 STREET AI 2.4 CITY-ST-3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4. CITY-ST-4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST-2 5.1 TITLE	DDRESS ZIP DDRESS ZIP DDRESS ZIP	acobsohn, Beatriz acobsohn, Beatriz acobsohn, David A. mo 4 St. beorges load althore mp 21210	Change Addition
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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 applemental 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 of 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-7

SIGNATURE:

CITY-ST-ZIP