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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100020

1. Corporation Name JACKSON KIRSCHNER ARCHITECTS & ASSOCIATES, P.A.



Principal Place of Business 1540 HIGHLAND AVE SUITE 6 MEBOURNE FL 32935 US

Mailing Address 1540 HIGHLAND AVE SUITE 6 MEBOURNE FL 32935 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1996
4. FEI Number 59-3428569
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. No

2. Principal Place of Business 21 1482 Pineapple Ave.
2a. Mailing Address 26 1482 Pineapple Ave
22 City & State 27 MELBOURNE, FL
23 MELBOURNE, FL
24 32935 25 US
28 MELBOURNE, FL
29 32935 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, RICHARD L
1135 SOUTH WASHINGTON AVENUE
SUITE A
TITUSVILLE FL 32780

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
TITLE D JACKSON, DAVID B
STREET ADDRESS 4067 MALLARD DRIVE
CITY-ST-ZIP MEBOURNE FL 32934
TITLE D KIRSCHNER, ANDREW S
STREET ADDRESS 206 ISLANDIA CT
CITY-ST-ZIP SATELLITE BEACH FL 32937

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change
1.2 NAME
1.3 STREET ADDRESS 10850 SOUTH TROPICAL TRAIL
1.4 CITY-ST-ZIP MERRITT ISLAND FLORIDA 32952

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 24 1999 (407) 259-9197
Date Daytime Phone #

CR2E034 (11/98)