

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90085 024 \*\*\*158.75

**DOCUMENT # P96000100726**

1. Corporation Name

**JCG MANAGEMENT ASSOCIATES INC.**

Principal Place of Business

C/O LAW OFFICES OF JENNIFER L. WHITEAW  
3838 TAMiami TRAIL NORTH, THIRD FLOOR  
NAPLES, FLORIDA 34103

Mailing Address

C/O LAW OFFICES OF JENNIFER L. WHITEAW  
3838 TAMiami TRAIL NORTH, THIRD FLOOR  
NAPLES, FLORIDA 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/12/1996**

|                                |  |                                    |  |  |  |   |  |
|--------------------------------|--|------------------------------------|--|--|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address                |  | 4. FEI Number  |  | Applied For   |  |
| 21 <b>190 WILSON BLVD N.</b>   |  | 26 <b>3838 TAMiami TRAIL NORTH</b> |  | 59-3422335   |  | <input type="checkbox"/> Not Applicable                             |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.                |  | 5. Certificate of Status Desired                     |  | \$8.75 Additional Fee Required                                      |  |
| 22 <b>NAPLES</b>               |  | 27 <b>THIRD FLOOR</b>              |  | 6. Election Campaign Financing                       |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |  |
| City & State                   |  | City & State                       |  | Trust Fund Contribution                              |  |   |  |
| 23 <b>FL</b>                   |  | 28 <b>NAPLES, FLORIDA</b>          |  | 8. This corporation owes the current year intangible |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Zip                            |  | Zip                                |  | Personal Property Tax                                |  |   |  |
| 24 <b>34120</b>                |  | 29 <b>34103</b>                    |  |  |  |   |  |
| Country                        |  | Country                            |  |  |  |   |  |
| 25 <b>USA</b>                  |  | 30                                 |  |  |  |   |  |

9. Name and Address of Current Registered Agent

**WHITEAW, JENNIFER L.**  
**3838 TAMiami TRAIL NORTH**  
**THIRD FLOOR**  
**NAPLES, FLORIDA 34103**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 83 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 84 City   |             |

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)

4/2/99  
DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D PRESIDENT</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GREAVES, JOHN C.</b>                            | 1.2 NAME  |   |
| STREET ADDRESS             | <b>190 WILSON BLVD. North</b>                      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NAPLES, FL 34120</b>                            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>Secretary</b> <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GREAVES, SANDRA</b>                             | 2.2 NAME  |   |
| STREET ADDRESS             | <b>190 WILSON BLVD. NORTH</b>                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NAPLES, FL 34120</b>                            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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:

*Sandra M. Greaves*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99  
DATE

941-352-8971  
Daytime Phone #

CR2E034 (11/98)