

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90109 046 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000008574**

1. Corporation Name  
**JLR PROPERTIES, INC.**



Principal Place of Business  
**291 SOUTHHALL LANE  
 MAITLAND FL 32751**

Mailing Address  
**291 SOUTHHALL LANE  
 MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified <b>01/21/1997</b>
21	Suite, Apt. #, etc.	26	4. FEI Number <b>59-3422575</b>
22	City & State	27	Applied For Not Applicable
23	Zip	28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24	Country	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
25		30	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>ROBINSON, RICHARD M                  201 EAST PINE STREET                  SUITE 1200                  ORLANDO FL 32801</b>		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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PO</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>HONSKA, MARK E.</del>	1.2 NAME	HOUSE, JEFFREY T MD
STREET ADDRESS	<del>291 SOUTHHALL LANE</del>	1.3 STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	<del>MAITLAND FL 32751</del>	1.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, CHRISTOPHER E	2.2 NAME	
STREET ADDRESS	291 SOUTHHALL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	<del>SB</del> <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCARIO, THOMAS J	3.2 NAME	
STREET ADDRESS	291 SOUTHHALL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	
TITLE	<del>TB</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>FOLEY, B. OREG</del>	4.2 NAME	ANGERT, KEVIN C MD
STREET ADDRESS	<del>291 SOUTHHALL LANE</del>	4.3 STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	<del>MAITLAND FL 32751</del>	4.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, JOSEPH A JR	5.2 NAME	
STREET ADDRESS	291 SOUTHHALL LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	5.4 CITY-ST-ZIP	
TITLE	<del>S</del> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTSON, DAVID P	6.2 NAME	MERRELL, JERRY W MD
STREET ADDRESS	291 SOUTHHALL LANE	6.3 STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND FL 32751	6.4 CITY-ST-ZIP	MAITLAND, FL 32751

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a l other like empowered.

SIGNATURE: R.C. Oepen R.C. OEPEN 4/26/99 (407) 667-0525  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)