

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90044 030 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000050133**  
 1. Corporation Name  
**JOSEPH J. JACOBONI, P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business PO BOX 952488 LAKE MARY FL 32746 US	Mailing Address 3487 BUFFAM PLACE CASSELBERRY FL 32707 US
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3. Date Incorporated or Qualified <b>06/02/1997</b>
4. FEI Number <b>59-3395270</b>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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9. Name and Address of Current Registered Agent <b>JACOBONI, JOSEPH J 3487 BUFFAM PLACE CASSELBERRY FL 32707</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City State Zip Code 84. State
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81. Name	82. Street Address (P.O. Box Number is Not Acceptable) <b>PO BOX 952488</b>	83. City State Zip Code <b>SANFORD FL 32771</b>	84. State <b>FL</b>	85. Zip Code <b>32746</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACOBONI, JOSEPH J 2356 ALAQUA DR. LONGWOOD FL 32779	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	5481 WAYSIDE DRIVE PO BOX 952488 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

1.1 TITLE	5481 WAYSIDE DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PO BOX 952488	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	Lake Mary, FL 32746	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP	SANFORD, FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)