## 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 # P9700054730  1. Corporation Name	
S & S MANAGEMENT SERVICES OF JACKSONVILLE,	INC.

Principal Place of	Business	Mailing Address	
9728 ELAINE RD. JACKSONVILLE FL	32246	9728 ELAINE RD. JACKSONVILLE FL	32246
2. Principal Place	of Business	2a. Mailing Addres	ss
Suite, Apt. #, etc.		Suite, Apt. #, 6	etc.
City & State		City & State	
Zip	Country	Zıp	Country
24	25	29	[30]
	Name and Address of Cu	rrant Pagistored Asset	

SCHOENFELD, BERNARD K 9728 ELAINE RD. JACKSONVILLE FL 32246

99 FFR FILED
99 FEB -9 PH 3-33
TATE AHASSEE, FLORIE

DO NOT WRITE IN THIS SPACE

₹.	FEI Number		L	Applied For	
	59-3454653			Not Applicab	
5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
6.	Election Campaign Financing Trust Fund Contribution	<b>C</b> .1	\$5.00 May Be Added to Fees		
8.	This corporation owes the curre	ent year l	intangible		
	Personal Property Tax.		[]Yes	[ INo	
0.	Name and Address of New R	tegistere	d Agent		
(P	'.O. Box Number is Not Accepta	ible)			

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.

81 Name

Street Addr

82

83 84

OIONATORE	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Re)	stered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 12
TITLE	PTD [] DE	LETE	1.1 TITLE	PUTP of the Gld		[ ] Change	Addition
NAME	SCHOENFELD, BERNARD K		1.2 NAME	Donald K. Schoentera			İ
STREET ADDRESS	9728 ELAINE RD	1	1.3 STREET ADDRESS	Donald R. Schoenfeld 3133 Carrevero Dr, W	,		
CITY-ST-ZIP	JACKSONVILLE FL 32246		1.4 CITY-ST-ZIP	Jacksonville Florida			
TITLE	VSD DE	LETE	2 1 TITLE	VSD		[]] Change	[] Addition
NAME	SCHOENFELD, LISA D		2.2 NAME	VSD Bernard Kischoenfeld			İ
STREET ADDRESS	9728 ELAINE RD		2.3 STREET ADDRESS	OTTO Fline Coad	_		-
CITY-ST-ZIP	JACKSONVILLE FL 32246		2 4 CITY-ST-ZIP	Jacksonoille, Florida	32246	, 3	
TITLE	[] DE	LETE	3 1 TITLE	YD		[] Change	Addition
NAME			3.2 NAME	Lisa Dischoenteld			
STREET ADDRESS			3 3 STREET ADDRESS	Lisa Dischoonfeld 9728 Elyine Road			
CITY-ST-ZIP			34 CITY-ST-ZIP	Licksonville, Florida 3	37246		
TITLE	□ DE	LETE	4.1 THLE	•		Change	[ ] Addition
NAME			4 2 NAME	300002 -0271	60-30	thot in	——————————————————————————————————————
STREET ADDRESS			43 STREET ADORCSS	=U27 1 1 autom 1	17330 158.75	*****15	313 30 75 T
CITY-ST-ZIP			4.4 CITY-ST-ZIP	*****	30.13	क्याक्यक क्र	,00,10 
TITLE	€] DE	LETE	5 1 TITLE			] Change	[] AwwI
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE	□ 0E	LETE	61 TITLE			]] Change	[ ] Addition
NAME			62 NAME				
STREET ADDRESS			63 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: BIOLATURE AND TWEET OR PRINTED BY OF BIOLATURE OR PRINTED BY OF BIOLATURE OF PRINTED BY OF BIOLATURE AND TWEET OR PRINTED BY OF BIOLATURE BY OF