

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000094936** ✓  
Corporation Name

**JAMES THOMAS PROPERTIES, INC.**

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90006 019 \*\*\*558.75



Principal Place of Business  
**261 S.W. 124TH STREET  
AMI FL 33186**

Mailing Address  
**13261 S.W. 124TH STREET  
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/05/1997</b>	
26		26		4. FEI Number <b>65-0802812</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
27		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
28		28		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
25		29	30		

9. Name and Address of Current Registered Agent

**THOMAS, JAMES A  
13261 SW 124 ST  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
<b>FL</b>	<b>33186</b>

I, 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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<b>THOMAS, JAMES A</b>		1.2 NAME	
3. CITY-STATE-ZIP	<b>11620 S.W. 107TH TERRACE</b>		1.3 STREET ADDRESS	
	<b>MIAMI FL 33176</b>		1.4 CITY-STATE-ZIP	
4. NAME	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	<b>THOMAS, JAMIE L</b>		2.2 NAME	
6. CITY-STATE-ZIP	<b>11620 S.W. 107TH TERRACE</b>		2.3 STREET ADDRESS	
	<b>MIAMI FL 33176</b>		2.4 CITY-STATE-ZIP	
7. NAME		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS			3.2 NAME	
9. CITY-STATE-ZIP			3.3 STREET ADDRESS	
			3.4 CITY-STATE-ZIP	
10. NAME		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS			4.2 NAME	
12. CITY-STATE-ZIP			4.3 STREET ADDRESS	
			4.4 CITY-STATE-ZIP	
13. NAME		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS			5.2 NAME	
15. CITY-STATE-ZIP			5.3 STREET ADDRESS	
			5.4 CITY-STATE-ZIP	
16. NAME		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS			6.2 NAME	
18. CITY-STATE-ZIP			6.3 STREET ADDRESS	
			6.4 CITY-STATE-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)