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May 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000097352

1. Corporation Name
THE JONES GROUP INC. OF ORLANDO

Principal Place of Business

1912 B-LEE RD
ORLANDO FL 32810

Mailing Address

1912 B-LEE RD
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

2. Principal Place of Business

21 5655 E. COLONIAL DR.

Suite, Apt. #, etc.

22 City & State
23 ORLANDO, FL

24 Zip Country
32807 USA

2a. Mailing Address

26 5655 E. COLONIAL DR.

Suite, Apt. #, etc.

27 City & State
28 ORLANDO, FL

29 Zip Country
32807 USA

4. FEI Number

59-3475389

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

JONES, CHARLES

1912 B-LEE RD 5655 E. colonial Dr
ORLANDO FL 32810
32807

10. Name and Address of New Registered Agent

81 Name
JONES, CHARLES

82 Street Address (P.O. Box Number is Not Acceptable)
5655 E. COLONIAL DR.

83

84 City
ORLANDO

FL

85 Zip Code
32807

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

TITLE D
NAME JONES, CHARLES
STREET ADDRESS 1560 SUGARWOOD CIR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE DVPT
NAME JONES, RONALD D
STREET ADDRESS 112 VAN DYCK DR
CITY-ST-ZIP NOKOMIS FL 34275

TITLE DVPS
NAME JONES, WAYNE V
STREET ADDRESS 375 PALM SPRINGS DR #306
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)