PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90098 048 ***150.00

| DOCUMENT # P97000100711 1. Corporation Name | |
|--|------|
| JAX INVESTMENTS, INC. | |

| Principal Place of Business Mailing Address | | | | | | 1 (88)(48) (19 (2)) (88) (88)(98)(98)(98)(98)(98)(9 | |
|---|---|--------------------|-------------------|-------------------|-----------------------------|---|---|
| 4332 PATHWOO | DD WAY | 4332 PATH | WOOD-WAY | - | | V/48 | The supplies that the state of |
| JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 | | | | | SO MOT MIDITE IN THIS PRACE | | |
| | | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | 3. Date Incorporated or Qualifed |
| | | T 0 14 17 | A 44 | | | | 12/01/1997 4. FEI Number Applied For |
| | pal Place of Business 2a. Mailing Address | | | | | 59-348 1958 Not Applicable | |
| 21 | | 26 | A=+ # =+0 | | | | 59-340 1930 Not Applicated |
| | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired Fee Required | |
| 22 | | | | | | | |
| City & Stat | e | — ` | State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | 28 Zip | | | | | 8. This corporation owes the current year Intangible |
| ⊢ | 25 | 29 | [- | 30 | , | | Personal Property Tax. |
| 24 | 9. Name and Address of Curre | | | 30 | | | 10. Name and Address of New Registered Agent |
| <u> </u> | 5. Maine and Address of Confe | Itogistered A | 3 | | 81 | Name | |
| SCH | ULMAN, JACK | | | 1 | | | |
| | PATHWOOD WAY | | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) |
| JAC | KSONVILLE FL 32257 | | | ŀ | 83 | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | 84 | City | FL 85 Zip Code |
| 44 5 | to the annuicion of Continue 607.05 | (A2 and 607 150) | Elorida Statute | e the sh | 101/0 | -named corn | poration submits this statement for the nurpose of changing its registered |
| l office or r | egistered agent, or both, in the State | e of Florida. Such | n change was au | ithorized | by 1 | the corporation | ion's board of directors. I hereby accept the appointment as registered |
| agent. I a | m familiar with, and accept the oblig | ations of, Section | n 607.0505, Flori | ida Statu | tes. | | |
| SIGNATURE | | | alotte. | D | . | | ed when reinstating) OATE |
| 40 | Signature, typed or printed name of registered ag | IND DIRECTORS | | 13. | -sgeni | t signature require | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | PSTD | NO DINEOTONE | DELETE | 1,1 TITL | E | | ☐ Change ☐ Addition |
| 1 | SCHULMAN, JACK | | | 1.2 NAME | | } | , |
| NAME | 4332 PATHWOOD WAY | | | 4 | | ADDRESS | |
| STREET ADDRESS | JACKSONVILLE FL 32257 | | | | | | |
| CITY-ST-ZIP | JACKSONVILLE FC 32231 | | ☐ DELETE | 2.1 TITLE | | 217 | ☐ Change ☐ Addition |
| TITLE | | | | 2.2 NAME | | | I |
| NAME | | | | | | 1 DDDCCCC | |
| STREET ADDRESS | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | DELETE | 2.4 C/T | | 1-419 | ☐ Change ☐ Addition |
| TITLE | | | | 3.1 TITLE | | l | - Sumilar - Nation |
| NAME | | | | 3.2 NAJ | | | |
| STREET ADDRESS | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | Document | 3.4. CIT | _ | T-ZIP | ☐ Change ☐ Addition |
| TITLE | | | DELETE | 4.1 T/T | | † | ☐ Vitalize ☐ Addition |
| NAME | | | | 4. 2 NA | | | ļ |
| STREET ADDRESS | | | | 1 | | ADDRESS | |
| CITY-ST-ZIP | | <u>_</u> | | 4.4 CITY- ST- ZIP | | r-ziP | Change Addition |
| TITLE | | | ☐ DELETE | 5.1 TITU | | | ☐ Change ☐ Addition |
| NAME | | | | 5.2 NAI | | | |
| STREET ADDRESS | | | | | | `ADORESS | |
| CITY-ST-ZIP | | | | 5.4 CIT | | r-ziP | |
| TITLE | | | ☐ DELETE | 6.1 TITL | | 1 | ☐ Change ☐ Addition |
| NAME | | | | 6.2 NA | | | |
| STREET ADDRESS | | | | | | ADDRESS | |
| 1 | \ - | | | FACIT | V. 91 | ל פורז | |

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MUNICIPAL EDVACE SOL LM 4 N
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/41 904/260-8610

:R2E034 (11/9)