

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90047 021 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000042547

1. Corporation Name  
RESCO-JAX, INC.

Principal Place of Business  
3941 NOVALINE LANE  
JACKSONVILLE FL 32277

Mailing Address  
3941 NOVALINE LANE  
JACKSONVILLE FL 32277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1998

4. FEI Number

59-3517592

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name WILLIAM STEFANOWITZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
3941 NOVALINE LANE  
83  
84 City JACKSONVILLE, FL FL 85 Zip Code 32277

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

*William Stefanowitz*

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                   | STREET ADDRESS     | CITY-ST-ZIP           | <input type="checkbox"/> DELETE |
|-------|------------------------|--------------------|-----------------------|---------------------------------|
| PTD   | STEFANOWITZ, WILLIAM T | 3941 NOVALINE LANE | JACKSONVILLE FL 32277 | <input type="checkbox"/>        |
| V     | POLK, G T              | 3941 NOVALINE LANE | JACKSONVILLE FL 32277 | <input type="checkbox"/>        |
| S     | STEFANOWITZ, AUDREY J  | 3941 NOVALINE LANE | JACKSONVILLE FL 32277 | <input type="checkbox"/>        |
|       |                        |                    |                       | <input type="checkbox"/>        |
|       |                        |                    |                       | <input type="checkbox"/>        |
|       |                        |                    |                       | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------|---------|-------------------|----------------|---------------------------------|-----------------------------------|
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 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)(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 a letter like empowered.

SIGNATURE:

*William Stefanowitz*

WILLIAM STEFANOWITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

Daytime Phone #

CR2E034 (11/98)

0520483