


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90183 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000051719					
1. Corporation Name JURKO MANAGEMENT, INC.					
Principal Place of Business 4345 SOUTHPOINT BLVD., SUITE 100 JACKSONVILLE FL 32216			Mailing Address 4345 SOUTHPOINT BLVD., SUITE 100 JACKSONVILLE FL 32216		
2. Principal Place of Business					
21 Suite, Apt. #, etc.			2a. Mailing Address		
22 City & State			2b. Mailing Address		
23 Zip			2c. Country		
24			25		
26			27		
28			29		
29			30		
3. Date Incorporated or Qualified 06/08/1998			4. FEI Number 59-3521607		
5. Certificate of Status Desired			6. Election Campaign Financing Trust Fund Contribution		
7. This corporation owes the current year intangible Personal Property Tax.			8. This corporation owes the current year intangible Personal Property Tax.		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MAREES, MICHAEL J 6320 ST. AUGUSTINE RD., BLDG. 10 JACKSONVILLE FL 32217			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X)(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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1999

Daytime Phone #

CR2E034 (11/98)