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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000054453

JACKSON PROPERTY MANAGEMENT & INVESTMENTS, INC.

Mailing Address Principal Place of Business 1313 NORTHWEST 14TH COURT 1313 NORTHWEST 14TH COURT FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/17/1998 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip 8. This corporation owes the current year Intangible \square No 29 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 83 84 85 City 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 familier with and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature re d name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE ☐ Change 11 TITLE TITLE Jackson, Philbert 1.2 NAME NAME 1313 NORTHWEST 14TH COURT 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33311 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TILE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP == CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE 3.2 NAME NAME Kriyê dibeler 3.3 STREET ADDRESS STREET ADDRESS 雑物語 自己 ルノバ CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ DELETE ☐ Change TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 51 TDLE TITLE 5.2 NAME , Alimbia (18 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition TITLE ☐ DELETE ☐ Change 长约1万倍,160 62 NAME NAME

14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

PERMANES

STREET ADDRESS

CITY-ST-ZIF

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90059 038 ***150.00