

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

M.P.

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S12086** (2)

1. Corporation Name  
**MIDDLEKAUFF REALTY, INC.**

Principal Place of Business  
**2415 BLANDING BLVD.  
SUITE 9  
JACKSONVILLE FL 32210  
US**

Mailing Address  
**2415 BLANDING BLVD.  
SUITE 9  
JACKSONVILLE FL 32210  
US**

FILED  
97 JUL 23 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified <b>11/13/1990</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>59-3036838</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MIDDLEKAUFF, JEFFREY ROBERT 2415 BLANDING BLVD SUITE 9 JACKSONVILLE FL 32210</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		86	

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]* **President** **7/21/97**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIDDLEKAUFF, JEFFREY R</b>	1.2 NAME	
STREET ADDRESS	<b>2415 BLANDING BLVD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIDDLEKAUFF, CURTIS R</b>	2.2 NAME	
STREET ADDRESS	<b>2415 BLANDING BLVD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

CR2E034 (4/97)



**MIDDLEKAUFF MORTGAGE COMPANY**

Licensed Mortgage Lender

PJ.2

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

7/21/97


RE: Filing annual return for Middlekauff Realty, Inc.

To whom it may concern:

I called your office as soon as I received your "2<sup>nd</sup> notice." This report, along with three others that we file were sent at the same time. One of the reports was apparently processed and three others either did not get there because of the mail or were lost in the shuffle. The person that I spoke with told me to write a letter and mail it to this address in order to be able to get the \$385.00 penalty removed.

I assure you that this is not something that we overlooked. I would never not pay something that I know carries such a stiff penalty. Thank you for your cooperation in this matter. If you have any questions please call me.

Sincerely,

  
Jeffrey R. Middlekauff