

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

000725

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90047 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000004950**

1. Corporation Name  
**HAMPTON JITNEY, INC.**



Principal Place of Business 395 COUNTY ROAD 39A, SUITE 6 SOUTHAMPTON NY 11968	Mailing Address 395 COUNTY ROAD 39A, SUITE 6 SOUTHAMPTON NY 11968
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>09/22/1997</b>	4. FEI Number <b>11-2330835</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
Zip 24	Country 25	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  DUEMLER, R. LEIGH 3461 BONITA BAY BLVD, SUITE 105 BONITA SPRINGS FL 34134	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 FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, J. BRENT	1.2 NAME	
STREET ADDRESS	395 COUNTY ROAD 39A, SUITE 6	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON NY 11968	1.4 CITY-ST-ZIP	
TITLE	VCVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JERED ANN	2.2 NAME	
STREET ADDRESS	395 COUNTY ROAD 39A, SUITE 6	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON NY 11968	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, HENRY P	3.2 NAME	
STREET ADDRESS	395 COUNTY ROAD 39A, SUITE 6	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON NY 11968	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, BRIAN	4.2 NAME	
STREET ADDRESS	630 FIFTH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10111	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANKOFF, DAVID J	5.2 NAME	
STREET ADDRESS	395 COUNTY ROAD 39A, SUITE 6	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON NY 11968	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, BRIAN	6.2 NAME	
STREET ADDRESS	395 COUNTY ROAD 39A, SUITE 6	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON NY 11968	6.4 CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: DAVID MANKOFF UP/FINANCE 3/26/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 516-282-4600

CR2E034 (1/98)