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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name JODEE, INC.

423679

(0)

## FILED Apr 27 1998 8:00am Secretary of State



Principal Place	of Business	Moiling Addrson				ANDAN BABAN BABAN NADA
HOLLYWOOD FL 33020 US		3100 N. 29TH AVE. HOLLYWOOD FL 33020 US			DO NOT WRITE IN THIS SI	DACE
00		00			3. Date Incorporated or Qualified 04/16/1973	PACE
2. Principal Pia	ac <b>e</b> of Business	2a. Mailing Address			4. FEI Number 59-1457330	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Count	гу	8. This corporation owes or has paid the curre	
71	9. Name and Address of Curre		30	~	10. Name and Address of New Registered A	
GR	EENBERG, BERT		8	Name		<i>=</i>
2030 & OCEAN DR APT 1904				2 Street A	Address (P.O. Box Number is Not Acceptable)	
HALLANDALE FL 33009			8	3		
			В	4 City	FL	85 Zip Code
office or re agent. I an	o the provisions of Sections 607.05 gistered agent, or both, in the Stat n familiar with, and accept the obliq	e of Florida. Such change was a	uthorized t	ov the corp	corporation submits this statement for the purpose of or oration's board of directors. I hereby accept the appo	changing its registered intment as registered
SIGNATURE	Signature, typed or printed name of registered ag	pent and (the if applicable (NOTE	Registered A	gent signature i	required when reinstaling DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PSD	<b>⋈</b> DELETE	1.1 TITLE	P		Change
NAME	Greenberg, Bert	•	1.2 NAMI		STEVEN ALT MAN	
STREET ADDRESS	2030 S OCEAN DR APT 19	04	1.3 STRE	T ADDRESS	3100 N 29 th AVE.	
CITY-ST-ZIP	HALLANDALE FL		1.4 City-	ST-ZIP	HOLLKWOON FL 33	050
TITLE		DELETE	2.1 TITLE	V		Change Addition
NAME			2.2 NAM	• •	JONEE KASTEN .	
STREET ADDRESS			2.3 STREE	T ADDRESS	SVA LA DO W SOLE	
CITY-ST-ZIP			2. 4 CITY	1	Holly wood FL 3?	مدمح
TITLE			3.1 TITLE	<u> </u>	140119	Change Addition
NAME			3.2 NAME			•
STREET ADDRESS	•			T ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE	31-20		Change Addition
NAME			4.2 NAM		•	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	51-ZIP		Change Addition
	·	- Control				onlinge Addition
NAME	RECC		5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	<del> </del>	DELETE	5.4 CITY-	SI-ZIP		Change Addition
TITLE		L. Detter	61 TITLE	ļ		Shange [ Auditiof]
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	atile that the information and the	official filling where and account of	64 CITY-		dia Constant 440 07/07/0 Florida Control Control	Of the state of th
indicated of officer or d	on this annual report or supplement	al annual report is true and acci- civer or trustoe empowered to e schment with an address.	urate and t	hat my sign	d in Section 119.07(3)(i), Florida Statutes. I further cert lature shall have the same legal effect as if made undirequired by Chapter 607, Florida Statutes; and that my	er oath; that I am an