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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F44288

(1)

Mailing Address

JONBO CORPORATION

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

1805 COUNTY GOLDEN GATE		PO BOX 2447 1905 COUNTY ROAD, 951 S BONITA SPRINGS FL 34133 US			3. Date Incorporated or Qualified 09/11/1981	3a. Date of Last Fieport 07/18/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied Fo
21		26			34-1349050	Not Applic
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additions Fee Required
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30	,		Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	Istered Agent
JAMES C. STEWART, JR., ESQUIR 1805 COUNTY ROAD, 951 SOUTH GOLDEN GATE FL 33999				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
office or	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida Such change was at ations of, Section 607.0505, Flor	ulhorized b ida Statute	y the corpore s	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registe
	Signature, typed or printed name of registered age			ent signature requ	lred when reinstating)	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PSD PETER C	☐ DELETE	1.1 TITLE			Change Add
NAME	VANUCCI, PETER C.		1.2 NAME			
STREET ADDRESS	8221 BRECKSVILLE RD		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	BRECKSVILLE OH		1.4 CITY-	S1-ZIF		
TITLE	VSD	☐ DELETE	21 TITLE	ļ		☐ Change ☐ Add
NAME	JOHNSON, BERNARD		2.2 NAME			
STREET ADDRESS	4720 SE 15TH AVE STE 201		2.3 STHEE	1 ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Add
NAME	[3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		

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 of supplementar annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conformation or the receiver or this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CHY-\$1 - ZIP

4.4 CHY-S1-7IP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

DELETE

DELETE

DELETE

Su. Sella service

001 021 800

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 29 1997 8:00am

Secretary of State