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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

JOHAN & YORK, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								r todrátik dir grada itraf ibiad iljal ibil diáli diáli diáli diáli diáli diáli diáli diáli
S856 INTERNATIONAL DR. 8204 ORLANDO FL 32619				5447 BROOKLINE DR. S204 ORLANDO FL 32819				DO NOT WRITE IN THIS SPACE
U\$ US								3. Date Incorporated or Qualified
2. Principal P	lace of Busin	ness	28.	2a, Mailing Address				11/04/1988 4. FEt Number Applied For
21 1803 PARK CONTROL DRIVE			26	- 0 ~ 0 ml ~2/10				59-2932689 Not Applicable
Suite, Apt. #, etc. 22 SUITE LOI			27					5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State City & State City & State			28					6. Election Campaign Financing Trust Fund Contribution St.00 May Be Added to Fees
Zip 32.88	S	Country	29	^{7p} 4.786	30 Cd	ountr در	. A . 2.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 5208		and Address of Curre		tered Agent	[30]	T		Personal Property Tax due June 30. Yes 10, Name and Address of New Registered Agent
N/	ANA, J. D.				···	81	Name	
54	47 BROOK	(LINE DR.			82 Street Add			ress (P.O. Box Number is Not Acceptable)
S204 Orlando fl 32819						83	·	
0/12/100 TE 02010						84	City	85 Zip Code
						\perp		FL III
11. Pursuant office or r	to the provis egi ste red ag	ions of Sections 607.05 jent, or both, in the Stat	02 and 6 e of Florid	07.1508, Florida Stat da Such change was	utes, the s authoriz	abov ed b	e-named corp by the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
i -	m fam iliar wi	ith, and accept the oblig		f, Section 607.0505. I	Florida St	atute) \$.	_4- 48·98 .
SIGNATURE	Slovensky	i or punted name of rejestered ag	proband lete	l'applicable (Ni	OTC Registe	red Ag	gent signature requir	ired wher reinstating) DATE
12.	- <u>D</u> D	OFFICERS AN	10 DIREC		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	PD Nana,	ID		☐ DELETE		TITLE NAME		L] Change L] Addition
STREET ADDRESS		ROOKLINE DRIVE					T ADDRESS	
CITY-ST-ZIP	ORLAN						ST-ZIP	
TITLE				☐ DÉLETE		TITLE		☐ Change ☐ Addition
NAME					2.2	NAME		
STREET ADDRESS					1		T ADDRESS	
CITY-ST-ZIP				DELETE			ST - ZIP	Change Addition
TITLE NAMÉ						TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS					1		T ADDRESS	,
CITY-ST-ZIP							ST-ZIP	
TITLE				☐ DELETE		TITLE		Change Addition
NAME					4. 2	NAME	:	
STREET ADDRESS							1 ADDRESS	
CITY-ST-ZIP				DOLETE			ST - ZIP	Channe
TITLE				☐ DELETE		TITLE		☐ Change ☐ Addition
NAME Street Address						NAME STREE	1 ADDRESS	
CITY-ST-ZIP					- 6		SI-ZIP	
TITLE				DELETE		TITLE	D1 - Z11	☐ Change ☐ Addition
NAME					- 6	NAME		
STREET ADDRESS					6.3	STREE	T ADDRESS	
CITY-ST-ZIP							SI - ZIP	
	ertify that th	e information supplied v	with this f	iling does not qualify	for the e	xem	otion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this arminal report or supplied minutal 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.