

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -3 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000075676 (4)**

1. Corporation Name  
**JOSTAL, INC.**

Principal Place of Business  
**21330 ST. ANDREWS BLVD  
BOCA RATON FL 33432**

Mailing Address  
**21330 ST. ANDREWS BLVD  
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**10/13/1994**

3a. Date of Last Report

4. FEL Number  
**65-0634632**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CAP SERVICE CORPORATION  
4800 N FEDERAL HWY  
SUITE 307-B  
BOCA RATON FL 33431**

10. Name and Address of New Registrant  
81 No. **Jostal Inc (attn Steven Jackson)**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**21330 St Andrews Blvd**  
83  
84 City **Boca Raton** FL 85 Zip Code **33432**

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

*Steven Jackson S.T.D.*

2-27-95

(Applicable to 12. and 13. only)

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **CIAMBRONE, JOHN R**  
STREET ADDRESS **8128 THAMES BLVD #B**  
CITY-ST-ZIP **BOCA RATON FL 33432**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD**  
NAME **HUSSEY, ALEX**  
STREET ADDRESS **22848 IRONWEDGE DR**  
CITY-ST-ZIP **BOCA RATON FL 33433**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **STD**  
NAME **JACKSON, STEVEN G**  
STREET ADDRESS **6989 BARBAROSSA ST**  
CITY-ST-ZIP **BOCA RATON FL 33433**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied is true, correct and voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information submitted 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. This certifies to the effect of the corporation's officers or trustees empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 as required, or as set forth in agreement with an addendum.

SIGNATURE:

*Steven Jackson*

2-27-95

4073942513

(SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR)

DATE

(Typed Name)