

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000075676 (4)**

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



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

Main Office Address  
**21330 ST. ANDREWS BLVD  
BOCA RATON FL 33432**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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9. Name and Address of Current Registered Agent

**JACKSON, STEVEN  
21330 ST. ANDREWS BLVD.  
BOCA RATON FL 33432**

3. Date Incorporated or Qualified <b>10/13/1994</b>	3a. Date of Last Report <b>03/03/1995</b>
4. FCI Number <b>65-0534632</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.06(1) and 607.15(6), 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.06(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CIAMBRONE, JOHN R	2. NAME
STREET ADDRESS: 8128 THAMES BLVD #B	3. STREET ADDRESS
CITY-STATE-ZIP: BOCA RATON FL 33432	4. CITY-STATE-ZIP
TITLE: VD	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUSSEY, ALEX	6. NAME
STREET ADDRESS: 22848 IRONWEDGE DR	7. STREET ADDRESS
CITY-STATE-ZIP: BOCA RATON FL 33433	8. CITY-STATE-ZIP
TITLE: STD	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JACKSON, STEVEN G	10. NAME
STREET ADDRESS: 6969 BARBAROSSA ST	11. STREET ADDRESS
CITY-STATE-ZIP: BOCA RATON FL 33433	12. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETED	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETED	14. NAME
STREET ADDRESS: <input type="checkbox"/> DELETED	15. STREET ADDRESS
CITY-STATE-ZIP: <input type="checkbox"/> DELETED	16. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETED	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETED	18. NAME
STREET ADDRESS: <input type="checkbox"/> DELETED	19. STREET ADDRESS
CITY-STATE-ZIP: <input type="checkbox"/> DELETED	20. CITY-STATE-ZIP

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-04/08/96--01024--010  
\*\*\*200.00**

14. I do hereby certify that the information supplied to this filing is true and correct, and does not qualify for the exemption provided in Section 119.04(3)(a), Florida Statutes. I further certify that the information included on this form is true and correct, and does not qualify for the exemption provided in Section 119.04(3)(a), Florida Statutes. I further certify that I am an officer or director of the corporation for the period of time covered by this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on the attached statement with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

CR2E034 (12/95)

*[Handwritten initials]*