PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000026024

1. Corporation Name

JORDAN'S, INC.

Principal Place of Business

Mailing Address

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90130 021 \*\*\*150.00



13727 S.W. 152ND ST. 101 MIAMI FL 33177-1106 US		13727 S.W. 152ND ST. 101 MIAMI FL 33177-1106		DO NOT WRITE IN THIS	SPACE			
		US			3. Date Incorporated or Qualifed 04/03/1995			
2. Principal P	lace of Business	2a. Mailing Address	. Mailing Address		4. FEI Number		Applied For	
21		26			65-0572209		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Status Desired Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip <b>24</b>	Country Zip Cou			Country  8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
IOOD III OOD I				81 Name				
JORDAN, DEBORAH L 13727 S.W. 152ND ST., #101 MIAMI FL 33177-1106			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
	٠.		84	City	FL	85 Z	ip Code	
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								
	Signature, typed or printed name of registered agent			nt signature req	uired when reinstating) DATE		TODO 111 40	
12.	OFFICERS AND	DIRECTORS	13.	<u> — г</u>	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC Chang		
TITLE	d Jordan, Deborah L	[] DELETE	1.1 TITLE			L.J Chang	ge	
NAME	13727 S.W. 152ND ST., #101		1.2 NAME					
STREET ADDRESS	ARABA CI			F ADDRESS				
CITY-ST-ZIP TITLE	WICHWIT L	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-212		Chang	e Addition	
NAME			2.2 NAME			_ •		
STREET ADDRESS	•		2.3 STREE	TADORESS				
CITY-ST-ZIP			2. 4 CITY-5	· ·				
TITLE			3.1 TITLE			Chang	ge Addition	
NAME			32 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS			\	
CITY-ST-ZIP		_	3.4. CITY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	ge	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE	Ţ		Chang	ge Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE				}	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TTLE			Chang	ge Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE					
CITY-ST-ZIP			6.4 CITY-S	T-ZiP				

4. I 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 or supplemental annual 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, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

73/99 305-335-5 Date Daytime Phone # R2F034 (11/98)