

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029985 (5)

1. Corporation Name

JOECAN ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~2300 CORPORATE BLVD.~~

~~2300 CORPORATE BLVD.~~

~~SUITE 116, TWO EXECUTIVE COURT~~

~~SUITE 116, TWO EXECUTIVE COURT~~

~~BOCA RATON FL 33431~~

~~BOCA RATON FL 33431~~

3. Date Incorporated or Qualified

04/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1200 S.E. 2nd Avenue

26 1200 S.E. 2nd Avenue

4. FEI Number

65-0591631

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MUGAVERO, PHILIP~~

~~2300 CORPORATE BLVD.~~

~~SUITE 116, TWO EXECUTIVE COURT~~

~~BOCA RATON FL 33431~~

81 Name

GORDIN, Alice M.

82 Street Address (P.O. Box Number is Not Acceptable)

83

1200 S.E. 2nd Avenue

84 City

Deerfield Beach

85 Zip Code

FL 33441

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

ALICE M. GORDIN, P/T/S

Alice M. Gordin

August 6, 1996

Signature, typed or printed name of registered agent and title, if applicable.

(P/T/S - Registered Agent Signature Required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME REYES, ERIC M
STREET ADDRESS 1200 S.E. 2ND AVE.
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE D ☐ DELETE

NAME REYES, TED M
STREET ADDRESS 1200 S.E. 2ND AVE.
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE P/T/S ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE:

ALICE M. GORDIN P/T/S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/96

954/426-2685

Date

Daytime Phone

CR2E034 (3/96)