

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90216 015 ***150.00

0105309

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000013645**

1. Corporation Name
JORDAN INVESTMENTS, INC. OF CENTRAL FLORIDA



Principal Place of Business: 17421 E. COLONIAL DR. ORLANDO FL 32820
 Mailing Address: 17421 E. COLONIAL DR. ORLANDO FL 32820

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 **1438 S. CHICKSAW DR.**
 Suite, Apt. #, etc.
 22
 City & State: 23 **Orlando FL**
 Zip: 24 **32825** Country: 25 **DRANGE**
 2a. Mailing Address: 26 **P.O. Box 531172**
 Suite, Apt. #, etc.
 27
 City & State: 28 **Orlando FL**
 Zip: 29 **32853-1172** Country: 30 **DRANGE**

3. Date Incorporated or Qualified: **02/11/1998**
 4. FEI Number: **59-350044**
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
BURNS, ANN D
17421 E. COLONIAL DR.
ORLANDO FL 32820

10. Name and Address of New Registered Agent
 81 Name: **ANN D, BURNS**
 82 Street Address (P.O. Box Number is Not Acceptable): **1438 S. CHICKSAW DR**
 83
 84 City: **Orlando** FL 85 Zip Code: **32825**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, ANN D	
STREET ADDRESS	17421 E. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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: **ANN D BURNS** 3-3-99 407-275-9579
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)