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3-27-95-02487-C

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # S41254 (1)

1. Corporation Name
JONFLOR DEVELOPMENTS, INC.

Principal Place of Business
11 SOBERING & GRAY, P.A.
201 S. ORANGE AVE., SUITE 760
ORLANDO, FL 32801

Mailing Address
11 SOBERING & GRAY, P.A.
201 S. ORANGE AVE., SUITE 760
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/26/1991
3a. Date of Last Report 04/11/1994

4. FEI Number 59-3057232
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
21 c/o Sobering, Gray & White, P.A.
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. White, P.A.
22 201 S. Orange Ave., #760 27 201 S. Orange Ave., #760
City & State 28 Orlando, FL
Zip 24 32801 Country 25 USA Zip 29 32801 Country 30 USA

9. Name and Address of Current Registered Agent
SOBERING & GRAY, P.A.
201 S. ORANGE AVE.
SUITE 760
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name Sobering, Gray & White, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 201 S. Orange Avenue
83 Suite 760
84 City Orlando FL 85 Zip Code 32801

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 *Elise Swirsky* DATE 2-4-95
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	SWIRSKY, JOANNE ELISE
STREET ADDRESS	101 BEVSHIRE CIR
CITY - ST - ZIP	THORNHILL, ONT CAN
TITLE	P
NAME	SWIRSKY, ELI
STREET ADDRESS	101 BEVSHIRE CIR
CITY - ST - ZIP	THORNHILL ON
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Elise Swirsky* DATE 2-3/FEB/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

416-221-9348