

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

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # S41254 (1)**  
 1. Corporation Name  
**JONFLOR DEVELOPMENTS, INC.**



Principal Place of Business <b>O/O SOBERING, GRAY &amp; WHITE, P.A. 201 S. ORANGE AVE., #700 ORLANDO FL 32801 US-</b>	Mailing Address <b>O/O SOBERING, GRAY &amp; WHITE, P.A. 201 S. ORANGE AVE., #700 ORLANDO FL 32801-0470 US-</b>
--	---

3. Date Incorporated or Qualified <b>03/26/1991</b>	3a. Date of Last Report <b>04/15/1996</b>
4. FEI Number <b>59-3057232</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 c/o Keith Altizer &amp; Co. Suite, Apt. #, etc. Ste. 300, 22 431 East Horatio Avenue City &amp; State 23 Maitland, Florida</b>	2a. Mailing Address <b>26 c/o Keith Altizer Suite, Apt. #, etc. Ste. 300 27 431 East Horatio Avenue City &amp; State 28 Maitland, Florida</b>
24 Zip <b>32751</b> Country <b>25 U.S.A.</b>	29 Zip <b>32751</b> Country <b>30 U.S.A.</b>

**9. Name and Address of Current Registered Agent**

**SOBERING & GRAY, P.A.  
201 S. ORANGE AVE.  
SUITE 700  
ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**

**81 Name c/o Keith Altizer & Co.  
82 Street Address (P.O. Box Number is Not Acceptable)  
Suite 300, 431 East Horatio Avenue  
83  
84 City Maitland, FL 85 Zip Code 32751**

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: *Keith Altizer* **KEITH ALTIZER** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWIRSKY, JOANNE ELISE</b>	1.2 NAME	
STREET ADDRESS	<b>101 BEVSHIRE CIR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>THORNHILL, ONT CAN</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWIRSKY, ELI</b>	2.2 NAME	
STREET ADDRESS	<b>101 BEVSHIRE CIR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>THORNHILL ON</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Joanne Elise Swirsky* **JOANNE ELISE SWIRSKY** APRIL 9/97 (416) 221-9348  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)