

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

Trader Jon, Inc.

196947

Principal Place of Business

Mailing Address

511 So. Palafox ST.
Pensacola, FL 32501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21	Same	26	Same	10-20-56	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0784743	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN WEISSMAN
511 So. Palafox ST.
Pensacola, FL 32501

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
P/D	MARTIN WEISSMAN	1.2 NAME	
STREET ADDRESS	511 So. Palafox	1.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32501	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
V/D	Bertha Wisolky	2.2 NAME	
STREET ADDRESS	27535 SW 140 Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NARANJA FL.	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Rosalind Weissman* 4/7/98 *Martin Weissman*

CR2E034 (10/97)

DURABLE POWER OF ATTORNEY

State of Florida
County of Escambia

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KNOW ALL MEN BY THESE PRESENTS, that I, MARTIN WEISSMAN, of Escambia County, Florida, as authorized by Florida law, do hereby appoint as my true and lawful attorney to act in, manage and conduct my affairs, my wife, ROSALIND B. WEISSMAN. This power of attorney shall be non-delegable and shall be valid and effective from the date hereof until such time as I shall die or revoke the power. This durable power of attorney is not affected by subsequent incapacity of the principal except as provided in Section 709.08, Florida Statutes.

The property subject to this durable power of attorney shall include all real and personal property owned by me, my interest in all property held in joint tenancy, my interest in all non-homestead property held in tenancy by the entirety, and all property over which I hold power of appointment and shall also include authority to sell, mortgage or convey my homestead property.

Without limiting the broad powers intended to be conferred by the preceding provisions, I expressly authorize my attorney acting hereunder in a fiduciary capacity to do and execute all or any of the following acts, deeds and things for my benefit and on my behalf.

1. **POWER OF COLLECTION:** To ask, demand, sue for, recover, collect, receive all sums of money, bank deposits, chattels and other real or personal property, tangible or intangible, of whatsoever nature or description that may be due, owing, payable or belonging to me, and to execute and deliver receipts, releases, cancellations or discharges.

2. **POWER OF PAYMENT:** To settle any account or reckoning whatsoever wherein I now am or at any time hereafter shall be in any way interested or concerned with any person whomsoever, and to pay or receive the balance thereof as the case may require.

3. **SAFE DEPOSIT BOXES:** To enter any safe deposit or other place of safekeeping standing in my name with full authority to remove any and all the contents thereof and to make additions, substitutions and replacements, specifically including any safe deposit box in my name jointly with my spouse or any other person.

4. **BANKING POWERS:** (a) To borrow any sum or sums of money on such terms and with such security, whether real or personal property belonging to me, as my attorney may think fit, and to execute any and all notes, mortgages and other instruments which my attorney may deem necessary or desirable.

(b) To draw, accept, make, endorse or otherwise deal with any checks, promissory notes, bills of exchange or other commercial or mercantile instruments, specifically including the right to make withdrawals from any savings account or building or loan deposits.

(c) To redeem or cash in any and all bonds issued by the United States Government or any of its agencies, any other bonds and any certificates of deposit or other similar assets or securities belonging to me.

(d) To sell all or any bonds, shares of stock, warrants, debentures, or other securities belonging to me, and to execute all assignments and other instruments necessary or proper for transferring the same to the purchaser or purchasers thereof, and to give good receipts and discharges for all monies payable in respect thereof.

(e) To invest the proceeds of any redemptions or sales aforesaid, and any other of my monies, in such, bonds, shares of stock and other securities as my attorney shall think fit, and from time to time to vary the said investments or any of them.

5. **MANAGEMENT POWERS:** To vote at all meetings of stockholders of any company or corporation, and otherwise to act as my attorney or proxy in respect of my shares of stock or other securities or investments which now or hereafter shall belong to me, and to appoint substitutes or proxies with respect to any such shares of stock.

6. **TAX POWERS:** To sign and execute in my behalf any tax return, state or federal relating to income, gift, ad valorem, intangible or other taxes, state or federal, and to act for me in any examinations, audits, hearings, conferences or litigation relating to any such taxes, including authority to file and prosecute refund claims, and to enter into and effect any settlements. (C)

7. **BUSINESS INTERESTS:** (a) To sell, rent, lease for any term, or exchange, any real estate or interests therein, for such considerations and upon such terms and conditions as my attorney may see fit; specifically including the power and authority to execute acknowledge and deliver deeds, mortgages, leases and other instruments conveying or encumbering title to property owned by me and my spouse jointly.

(b) To commence, prosecute, discontinue or defend all actions or other legal proceedings touching my estate or any part thereof, or touching any matter in which I or my estate may be in any way concerned.

(c) The powers herein conferred upon my attorney shall extend to and include all of my right, title and interest in and to any real and personal property, tangible and intangible, in which I may have an estate by the entirety, joint tenancy, tenancy in common, as trustee or beneficiary of any trust, or in any other manner.

8. **PERSONAL INTERESTS:** (a) To make gifts, outright or in trust, in an amount not greater than \$10,000.00 per donee per year to my issue (including my attorney hereunder appointed).

(b) To make additions of funds and assets, real and personal, to any revocable trust established by me.

(c) To execute a revocable trust which provides that all income and principal shall be paid to me or the guardian of my estate, or applied for my benefit in such as I or my attorney hereunder shall request or as the trustee shall determine, and that on my death any remaining income and principal shall be paid to my personal representative; and to deliver and convey funds and assets, real and personal, to the trustee thereof.

(d) To arrange for my entrance to and care at any hospital, nursing home, health center, convalescent home, retirement home or similar institution.

(e) To renounce or disclaim any interest acquired by testate or intestate succession or by inter vivos transfer, including exercising or surrendering any right to revoke a revocable trust.

9. **HEALTH CARE POWERS:** (a) To authorize, arrange for, consent to, waive and terminate any and all medical and surgical procedures on my behalf (including any election or election and agreement under the Life-Prolonging Procedures Act of Florida with request to providing, withholding or withdrawing life-prolonging procedures should I fail to make a declaration hereunder) and to pay or arrange compensation for my care.

(b) To make health care decisions for me and to provide informed consent if I am incapable of making health care decisions or providing informed consent.

(i) To be the final authority to act for me and to make health care decisions for me in matters regarding my health care during any period in which I have the incapacity to consent.

(ii) To expeditiously consult with appropriate health care providers to provide informed consent in my best interest and make health care decisions for me which my said Surrogate believes I would have made under the circumstances if I were capable of making such decisions.

(iii) To give any consent in writing using the appropriate consent form.

(iv) To have access to appropriate clinical records regarding me and have authority to authorize the release of information and clinical records to appropriate persons to insure the continuity of my health care.

(v) To apply for public benefits, where necessary, such as Medicare and Medicaid, for me and have access to information regarding my income and assets to the extent required to make such application if necessary.

(vi) To make all health care decisions on behalf of the principal including but not limited to those set forth in F.S. chapter 765.

10. **GENERAL POWERS:** (a) In general to do all other acts, deeds, matters and things whatsoever in or about my estate, property and affairs, or to concur with persons jointly interested with me therein in doing all acts, deeds, matters and things herein particularly or generally described, as fully and effectually to all intents and purposes as I could do myself.

(b) This instrument is executed by me in the State of Florida but it is my intention that the powers and authority herein conferred upon my attorney as authorized by the laws of Florida now or hereafter in force and effect shall be exercisable in any other state or jurisdiction where I may have any property or assets.

I hereby ratify and confirm, and promise at all times to ratify and confirm all and whatsoever my duly authorized attorney hereunder shall lawfully do or cause to be done by virtue of these presents, including anything which shall be done between the revocation of this instrument by my death or in any other manner and notice of such revocation reaching my attorney; and I hereby declare that as against me and all persons claiming under me everything which my said attorney shall do or cause to be done in pursuance hereof after such revocation as aforesaid shall be valid and effectual in favor of any persons claiming the benefit thereof who, before the doing thereof, shall not have had notice of such revocation.

IN WITNESS WHEREOF, I have executed this Durable Power of Attorney.

Witnesses:

William L. Moore, Jr.
William L. Moore, Jr.

MARTIN WEISSMAN (SEAL)
MARTIN WEISSMAN

Steve E. Norwood
STEVE E. NORWOOD

State of Florida
County of Escambia

Before me, the undersigned authority, duly authorized to take acknowledgements and administer oaths, personally appeared MARTIN WEISSMAN, personally known by me to be the person described above, who being by me first duly sworn states that he is the person who executed the foregoing instrument for the reasons expressed therein.

Dated this 16th day of December, 1997.

Mary M. Callaway
NOTARY PUBLIC
My Commission Expires:

Prepared by:
Mary M. Callaway, P.A.
P.O. Box 36097
Pensacola, FL 32516
(850) 434-2114

