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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 527868

(4)

UNITED JONAN ENTERPRISES, INC.

'

FILED Feb 06 1998 8:00am Secretary of State

)						
Principal Place of Business		Mailing Address		-	:	
POST OFFICE BOX 218		POST OFFICE BOX 218				
1450 W. RAILROAD AVENUE		1450 W. RAILROAD AVENUE				
MALABAR FL 32950 MAL		MALABAR FL 32950	MALABAR FL 32950		DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE
					03/16/1977	,
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		59-1733311	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		Zip Country			Trust Fund Contribution	Added to Fees
Zîp Country		— ·	— · — ·		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 25 29 3 9. Name and Address of Current Registered Agent			30]		10. Name and Address of New Reg	
LOSCH, JOSEPH D.				Name		
BOX 401			82	Stroot Addre	ss (P.O. Box Number is Not Acceptab	lo)
2700 GARDEN STREET			02	Sireer Addre	ss (F.O. Box Northber is Not Acceptab	ie)
MA	LABAR FL 32950		83			
			84	City		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehistating) DATE.						
Signature, typed or printed name of registered egent and little it applicable. (NOTE: R 12. OFFICERS AND DIRECTORS			13.	t signature required	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	DELETE	1,1 TITLE		7.8511.610/01/74/02510 011.15	Change Addition
NAME	LOSCH, JOSEPH D.		1.2 NAME			_
STREET ADDRESS	2700 GARDEN STREET		1.3 STREET A	ADDRESS		
CITY-ST-ZIP	MARABAR FL		1.4 CITY-ST-ZIP			
TITLE	ST	DELETE	2.1 TITLE			Change Addition
NAME	LOSCH, NANCY M.		2.2 NAME			
STREET ADDRESS	2700 GARDEN STREET		2.3 STREET /	ADDRESS		
CITY-ST-ZIP	MARABAR FL	Locust	2. 4 CITY - ST	r-ZIP		
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME			Change Addition
NAME CYDEET ADODUCE				DDDCCC		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
CITY-ST-ZIP		0ELETE 4.1				Change Addition
NAME		1000	4, 2 NAME	Ì		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME (5.2 NAME			
STREET ADDRESS		•	5.3 STREET A	DDRESS		
CITY-ST-ZIP			5.4 CITY - ST	-ZIP		
TITLE		DELETE	6,1 TITLE			Change Addition
NAME			6,2 NAME			
STREET AODRESS			6.3 STREET A	I		
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the content of the cont			6.4 CITY-ST		action 110 07/2\/i) Elerida Statutos 14	further certify that the information
14 Inereby C	erary macine imprination supplied t	with this thirty does not drainly for	ule exemply	ا ال ۱۲۵ ه ۱۳۸۰ د س	echon i rator (a)(i). Fiorida alaidles. I f	unuler cermy mar the imprination

4. I hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turner certify that the information indicated on this annual report or suppliemental 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 of 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 for ord an attachment with an address.

SIGNATURE

(P) Och D

2/2-198

407-725-0237

CR2E034 (10/97)