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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 648263

CENTURY 21 J. DANIEL JONES, INC.

(2)

FILED Apr 30 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address				- 160510 03141 01854 56560 11018 03100 1341 61055 83041 01011 61014 61010 01044 (4005			
8027 S ORANGE AVE ORLANDO FL 32609		8027 S ORANGE AVE ORLANDO FL 32809-6711							
						3. Date Incorporated or Qualified 01/01/1980	1	e of Last F 2/1996	Report
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	1		oplied For
21		26			59-3171898	Not Applicable			
Suite, Apt. #, etc.		Surte, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27				5. Certificate of Status Desired		Fee R	equired
City & State	е	City & State				6. Efection Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
, ^{Zip}	Country	Zip	have an	untry		8. This corporation has liability for in			. 199.032,
24	25	[29]	30				Yes _	•	
	9, Name and Address of Current	Registered Agent		4.7		10. Name and Address of New Reg	Istered A	gent	
	IES, J DANIEL			81	Name				
	7 6 ORANGE AVE			82	Street Address (P.O. Box Numbor is Not Acceptable)				
ORL	ANDO FL 32809						-,		
				63					
				64	City		FL.	85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Stat Florida, Such change wa	tutes, the a	bove d by	named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	irnose of i	changing i intment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agent					uired when reinstating)			
12.	OFFICERS AND		13.	o Ago	n eignature requ	ADDITIONS/CHANGES TO OFFICE	DATE EDS AND	DIBECTOR	25 INI 12
TITLE	P	DELETE	1.1 T)	TIF	Т	ADDITIONO/OFFANGLO TO OFFICE		Change	Addition
NAME	JONES, J DANIEL		1.2 N						7.10U((101)
STREET ADDRESS	3500 CULLEN LAKESHORE DR				ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32812			1114-SI					
TITLE	V	DELETE	2.1 Ti		- 707		·····	Change	Addition
NAME	JONES, S CANDEE	Jan Dillic	2.1 II					Change	L., Addition
STREET ADDRESS	5218 SAINT REGIS PLACE				1000000				
1	ORLANDO FL				ADDRESS				
CITY-ST-ZIP	ONDARDO FL	DELETE		111Y - S	1- ZIP			70	1 4400
TITLE		בַ וויננונ	3.1 TI		-		L	Change	Addition
NAME			3.2 N						
STREET ADORESS					ADDRESS				
CITY-ST-ZIP		T priese		IIY-S	1-7 0			76	T1,
TITLE		☐ DELETE	4.1 TI				L	Change	Addition
NAME	•		4.2 N						
STREET ADDRESS	•		4.3 S1	TREET	ADDRESS				
CITY-ST-ZIP			44 C	17-51	I - 7IP				
TITLE		☐ D£LETE	51 TI	TLE		•	I	Change	☐ Addition
NAME			5.2 N/	AME					
STREET ADDRESS			5351	IREET	ADDRESS				
CITY-ST-ZIP			5.4 01	ITY-ST	- 7 -P				
TITLE		DELETE	6.1 11	ī LĒ.			I	Change	Addition
NAME			6.2 N/	AME					
STREET ADDRESS			6.3 ST	TREET	ADDRESS				
CITY_ST_7IP				TV 01					

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 eath; 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.

CICNATUDE.

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4-24-9

407-857-3151