7-17-97 B- 7959 N/C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



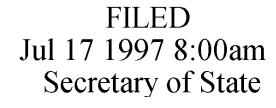
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F10786

(4)



JORIS II	NVESTME	ENT MANAGEMEN	T COMPANY									
Principal Plac	e of Busines	88	Mailing Addro	Mailing Address					D KOBRIBE REED HIDH BERKE ROODE HORNO DUKK	HABIA DIDIDIDI	DII DIANI DIDII	Dibii iddi
27 CARRIAGE (ORMOND BEAC				27 CARRIAGE CREEK WAY ORMOND BEACH FL 32174-8780								
								3	3. Date Incorporated or Qualified 11/26/1980		te of Last R 6/1996	report
2, Principal F	Place of Busi	2a. Mailing Ad	2a. Mailing Address					4. FEI Number	<u> UZ/Z</u>		oplied For	
21			26					59-2041815			ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
22			27				\ 5	5. Cerinicate of Status Desired		Fee Re	equired	
City & Stat	te		City & State				1 6	6. Election Campaign Financing	_	\$5.00	May Be	
23			28					Trust Fund Contribution	<u> </u>		to Fees	
Zip	Country -		Zip	├ ┐ ` ├¬		ountry		8	8. This corporation has liability for i			: 199.032,
24	0 Name	25 and Address of Curren	29 29		30	ī			Florida Statutes Co. Name and Address of New Re	Yes [
9, Name and Address of Current Registered Agent						81 Name			o, Hame and Address of New Ne	JISTO 100 P	Bein	
REILLY, WALTER A., JR. 27 CARRIAGE CREEK WAY												
			Į.			Street Ac	ddress ((P.O. Box Number is Not Acceptab	le)			
UNM	IUNU DEAL	CH FL 32174				83						
						64	City			FL	85 Zip	Code
11. Pursuant office or agent. I a	to the provis registered as am familiar w	sions of Sections 607 050 gent, or both, in the State vith, and accept the oblig	02 and 607.1508, Flo of Florida, Such ch pations of, Section 60	orida Statute: ange was au 17.0505, Flor	s, the al Ithorized ida Stat	bove d by tutes	e-named co the corpo	orporati oration's	ion submits this statement for the p board of directors. I hereby accep		changing it bintment as	ts registered registered
SIGNATURE												
10	Signature, lyped	d or printed name of registered ag		INOTE		d Ager	nt signature re	equired who	on reinstating)	DATE COC AND	DIRECTOR	20 IN 10
12. TITLE	OFFICERS AND DIRECTORS PTD			DELETE	13.				ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME		WALTER A., JR	_		1.2 N/		1			,		
STREET ADDRESS		MAGE CREEK WAY					ADDRESS					ļ
CITY-ST-ZIP	MIAMI FL				1.4 C!		4					}
TITLE	VSD					TITLE					Change	Addition
NAME		MAUREEN E.			2.2 NA	AME						
STREET ADDRESS		IAGE CREEK WAY			2.3 ST	REET.	ADORESS					ì
CITY - ST - ZIP	MIAM, F				2.4 C	ITY - \$	1-7IP					
TITLE				DELETE	3.1 10	TLE					Change	Addition
NAME]				3 2 N/	AME						j
STREET ADDRESS]				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	<u> </u>				3.4. C	IIY-S	T-ZIP	_				. <u> </u>
TITLE				DELETE	4.1 11	TLE					Change	Addition
NAME					4 2 N	AME						
STREET ADDRESS	<u> </u>				4 3 ST	REET	ADDRESS					ļ
CITY-ST-ZIP				DELETE.	4.4 CI		I - ZIP				-1 A:	
TITLE	1		П	DELETE	5.1 TII						Change	Addition
NAME					5.2 NA		}					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				DCLCTC	5.4 CI		· ZIP			_ 	Charac	A didition =
TITLE			Ш	DELETE	6.1 111		}				Change	☐ Addition
NAME	[6 2 NA							
STREET ADDRESS					ı		ADDRESS					
CITY-ST-ZIP	bu codify the	at the information equation	d with this filing dos	a not qualify	64 CI			tad in C	Pootion 110 07(9)(i) Florido Statutos	Literations	a artifu that	4ho

recommency centify that the information supplied with this filling does not quality 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 chapted, or an attachment with an address.