

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morikim
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F15272 (0)

1. Corporation Name
JOADS INC.

FILED

97 JUL -2 AM 8:25



Principal Place of Business
**13143 DOUBLETREE CIRCLE
 WELLINGTON FL 33414**

Mailing Address
**13143 DOUBLETREE CIRCLE
 WELLINGTON FL 33414-4038**

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/19/1981 | 3a. Date of Last Report 06/10/1996 |
| 4. FEI Number 59-2233101 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Country |
| 24. Country | 25. Zip |
| 29. Country | 30. Zip |

9. Name and Address of Current Registered Agent
**AXELROD, ROXANNE B.
 230 ROYAL PALM WAY #424
 PALM BEACH FL 33480**

SORRY FOR LATE FILING MISPLACED DUE TO SALE OF BUSINESS BY LAWYER

10. Name and Address of New Registered Agent

| |
|---|
| 81. Name ALAN BERNSTEIN |
| 82. Street Address (P.O. Box Number is Not Acceptable) 4369 OKEECHOBEE BLVD |
| 83. City W PB |
| 84. State FL |
| 85. Zip Code 33417 |

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 ALAN BERNSTEIN DATE 6/24/97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|---------------------------|--------------------------|
| TITLE | PTD | <input type="checkbox"/> |
| NAME | FENSILVER, RODGER | |
| STREET ADDRESS | 11713 INVERNESS CR | |
| CITY-ST-ZIP | W PALM BCH FL | |
| TITLE | VSD | <input type="checkbox"/> |
| NAME | FENSILVER, RHONA | |
| STREET ADDRESS | 11713 INVERNESS CR | |
| CITY-ST-ZIP | W PALM BCH FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|------------------------------|--------------------------|--------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 500002233835--9 | | |
| 1.4 CITY-ST-ZIP | -07/09/97--01073--003 | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | ****165.00 ****165.00 | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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 [Signature] DATE 5/1/99 RFB

CR2E034 (9/96)