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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:36

DOCUMENT # F93000004520 (3)

1. Corporation Name
JORNEE UNLIMITED, INC.

Principal Place of Business	Mailing Address
499 NORTH WEST 70TH AVENUE #106C PLANTATION FL 33317	499 NORTH WEST 70TH AVENUE #106C PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business
21: 2663 E. SUNRISE BLVD.
22 Suite, Apt. #, etc.: SUITE 191
23 City & State: FT. LAUDERDALE, FL
24 Zip: 33330
25 Country: BROWARD

2a. Mailing Address
26: 2663 E. SUNRISE BLVD.
27 Suite, Apt. #, etc.: SUITE 191
28 City & State: FT. LAUDERDALE, FL
29 Zip: 33330
30 Country: BROWARD

4. FEI Number: 06-0878137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BATES, DOUGLAS M ATTY
2701 E. SUNRISE BLVD.,SUITE 306
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

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: (Type or print name of registered agent and title if applicable) (MUST: Registered Agent Signature required when designating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	☐ Change ☐ Addition
NAME	SEARS, JOHN A	1.2 NAME	
STREET ADDRESS	499 NORTH WEST 70TH AVENUE #106C	1.3 STREET ADDRESS	2663 EAST SUNRISE BLVD. # 191
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33330
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HOCKERSMITH, JEFFREY L	2.2 NAME	
STREET ADDRESS	499 NORTH WEST 70TH AVENUE #106C	2.3 STREET ADDRESS	2663 EAST SUNRISE BLVD. #191
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33330
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	EASTMAN, BARBARA J	3.2 NAME	
STREET ADDRESS	499 NORTH WEST 70TH AVENUE #106C	3.3 STREET ADDRESS	2663 EAST SUNRISE BLVD #191
CITY-ST-ZIP	PLANTATION FL 33317	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33330
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		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 is voluntarily furnished and 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 addition.

SIGNATURE: X John M. Sears President 2/10/95 800-724-0281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0237637 CP