

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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F93000004520 (3)

1. Corporation Name  
JORNEE UNLIMITED, INC.



Principal Place of Business 2663 E SUNRISE BLVD SUITE 191 FT LAUDERDALE FL 33330 US	Mailing Address 2663 E SUNRISE BLVD SUITE 191 FT LAUDERDALE FL 33304-3205 US
---	--

3. Date Incorporated or Qualified 09/30/1993	3a. Date of Last Report 03/22/1996
---	---------------------------------------

2. Principal Place of Business 21 915 Middle River Dr. Suite, Apt. #, etc. # 509	2a. Mailing Address 26 915 Middle River Dr. Suite, Apt. #, etc. # 509
--	---

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

22 City & State Ft. Lauderdale, FL	27 City & State Ft. Lauderdale, FL
---------------------------------------	---------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

23 Zip 33304	25 Country USA	28 Zip 33304	30 Country USA
-----------------	-------------------	-----------------	-------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

24 33304	25 USA	29 33304	30 USA
----------	--------	----------	--------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATES, DOUGLAS M ATTY  
2701 E. SUNRISE BLVD., SUITE 308  
FT LAUDERDALE FL 33304

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT SEARS, JOHN A 2663 EAST SUNRISE BLVD., #191 FT LAUDERDALE FL	<input type="checkbox"/> DELETE
--	---	---------------------------------

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 915 Middle River Dr. #509 Ft. Lauderdale, FL 33304
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOCKERSMITH, JEFFREY L 2663 EAST SUNRISE BLVD., #191 FT LAUDERDALE FL	<input type="checkbox"/> DELETE
--	--	---------------------------------

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 915 Middle River Dr. #509 Ft. Lauderdale, FL 33304
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EASTMAN, BARBARA J 2663 EAST SUNRISE BLVD., #191 FT LAUDERDALE FL	<input type="checkbox"/> DELETE
--	--	---------------------------------

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 915 Middle River Dr. #509 Ft. Lauderdale, FL 33304
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
--	--	---------------------------------

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
--	--	---------------------------------

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
--	--	---------------------------------

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John A. Sears President 3/3/97 954-563-6272

CR2E034 (9/96)