

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 29 1998 8:00am
Secretary of State

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 33330
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1993

4. FEI Number

06-0878137

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 915 Middle River Dr.

Suite, Apt. #, etc.
22 Suite 509

City & State
23 Ft Lauderdale

Zip Country
24 FL 25 33304

2a. Mailing Address

26 915 Middle River Dr

Suite, Apt. #, etc.
27 Suite 509

City & State
28 Ft Lauderdale

Zip Country
29 FL 30 33304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPT
NAME SEARS, JOHN A
STREET ADDRESS 915 MIDDLE RIVER DRIVE STE 509
CITY - ST - ZIP FORT LAUDERDALE FL

TITLE V
NAME HOCKERSMITH, JEFFREY L
STREET ADDRESS 915 MIDDLE RIVER DRIVE STE 509
CITY - ST - ZIP FORT LAUDERDALE FL

TITLE S
NAME EASTMAN, BARBARA J
STREET ADDRESS 915 MIDDLE RIVER DR STE 509
CITY - ST - ZIP FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I 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: *Barbara J Eastman* **NOT REQUIRED**

1-22-98 9545636272

CR2E034 (10/97)