SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
96 SEP -4 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93054

1. Corporation Name: JIMNA, INC.

Principal Place of Business: 1191 U.S. HWY. 1 N. N. PALM BEACH, FL

Mailing Address: P.O. Box 30446 PALM BEACH GARDENS FLORIDA 33420

2. Principal Place of Business — 21 / Suite, Apt # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt # etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 1982

3a. Date of Last Report: 1995

4. FEI Number: 59-2218360 — ☐ 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 [illegible] Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JAMES BARR
4415 MOCKINGBIRD DR.
BOYNTON BEACH, FL. 33436

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PRES., TRES.	☐ DELETE
NAME	JAMES BARR	
STREET ADDRESS	4415 MOCKINGBIRD DR.	
CITY-ST-ZIP	BOYNTON BCH., FL. 33436	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition

900001946119
-09/12/96--01097--006
****233.75 ****233.75

CR2E034 (3/96)

14. [illegible]

SIGNATURE: James Barr JAMES BARR 8/5/96 561/790-9709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR