

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
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DOCUMENT # **F94000004257 (1)**

1. Corporation Name

S.R. JOSS INCORPORATED

Principal Place of Business

~~2706 ALT 19 N
SUITE 208
PALM HARBOR FL 34683
US~~

Mailing Address

~~2706 ALT 19 N
SUITE 208
PALM HARBOR FL 34683
US~~

2. Principal Place of Business

~~21 483 mandala Ave
Suite, Apt. #, etc.
22 #207~~

2a. Mailing Address

~~26 Same~~

Suite, Apt. #, etc.

~~27~~

City & State

~~23 Clearwater Beach 71~~

~~28~~

Zip

~~24 33767~~

~~25 Pinellas~~

~~29~~

Zip

~~30~~

Country

9. Name and Address of Current Registered Agent

~~JOSS, SCOTT
3423 FOXHALL DR.
HOLIDAY FL 34691~~

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	08/17/1994
4. FEI Number	39-3399958
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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	
81 Name	Scott Joss
82 Street Address (P.O. Box Number Not Acceptable)	19300 Gulf Blvd
83 City	Indian Shores, 71
84 City	FL
85 Zip Code	33785

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

Scott R. Joss

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

(NOTE: Registered Agent signature required when reinstating)

2/10/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSS, SCOTT R	CD
STREET ADDRESS	3423 FOXHALL DR.	Scott Joss
CITY-ST-ZIP	HOLIDAY FL 34691	19300 Gulf Blvd
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSS, SHERRY	SD
STREET ADDRESS	3423 FOXHALL DR.	Sherry Joss
CITY-ST-ZIP	HOLIDAY FL 34691	19300 Gulf Blvd
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Scott R. Joss

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1097)