SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name F95000002995 (7)

JONATH	IAN FRUIT GROVE, INC.					
Principal Plac	e of Bus iness	Mailing Address		- I HERVINE DIVE JAVOT BYING KEDIYI BETIN ER	TEL MANGE TERRE ERGER (SERV REVE 198)	
19800 S.W. 344 STREET HOMESTEAD FL 33034		3100 S. GESSNER #335 HOUSTON TX 77063		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
2 Principal P	Place of Business	2a. Mailing Address		06/21/1995 4. FEI Number	Applied For	
21	table of promoter	26		76-0460217	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
		City & State		8. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25		30	Personal Property Tax due June 30.	Yes No	
ļ	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registere	d Agent	
	IR, PERRY M		(Vallie			
5201 BLUE LAGOON DRIVE, SUITE 100			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33126		83			
l						
	\bigcirc \bigcirc		84 City	F	85 Zip Code	
11. Pursuant office or agent. I	No the provisions of sections 607.05 registered agent, or both, in the Sta am cautility with, and accept the obtaining the control of the con	igations of, section 607.0505, Flo	s, the above-named cor outhorized by the corpor orida Statutes.	poration submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate the submits and the submits accept		
SIGNATURE		era, M NAGE	TE: Registered Agent signature	//\C	110	
12.	Storialize, typed or printed name of registered as	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	DELETE	1.1 TITLE	7,00110100111110201001110210	Change Addition	
NAME	ONG, RICHARD M		1.2 NAME			
STREET ADDRESS	714 BRIAR HILL DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77042		1.4 CITY-ST-ZIP			
TITLE	SVC	DELETE	2.1 TITLE		Change Addition	
NAME	ONG, KATHIE S		2.2 NAME			
STREET ADORESS	714 BRIAR HILL DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77042		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP		_ 	
TITLE		☐ DELETE	4.5 TITLE		L_ Change L Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		T priexe	4.4 CITY-ST-ZIP 5.1 TITLE			
NAME		DELETE	5.2 NAME		Change Addition	
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		[""] DECEIE	6.2 NAME		LI Change LI Addition	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY ST. ZID			6.4 CITY-ST-7ID			

14. I hereby certify that the information supplied with this filling 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.

FILED

Jul 23 1998 8:00am

Secretary of State