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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F98375**

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name JORSON ENTERPRISES, INC.

FT LAUDERDALE FL 33304

Suite, Apt. #, etc.

City & State

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2. Principal Place of Business

Principal Place of Business % ADAM A JORGENSEN 915 MIDDLE RIVER DRIVE. STE 415 Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

1911 NW 36 ST

OAKLAND PARK FL 33309

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Zip

FILED Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90018 021 ***150.00



DO NOT WRITE IN THIS SPACE							
3. Date Incorporated or Qualifed							
09/07/1982							
4. FEI Number	Applied For						
59-2228492	Not Applicable						
5. Certifcate of Status Desired	\$8.75 Additional Fee Required						
	\$5.00 May Be Added to Fees						
8. This corporation owes the current year Intangible							
Personal Property Tax.	res □No						
40 Name and Address of New Pagistered Agent							

JORGENSEN, ADAM A Street Address (P.O. Box Number is Not Acceptable) 1911 NW 36 ST. OAKLAND PARK FL 33307-5753 83 Zip Code 84 City 85

Country

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.

agent. Fai	Il tattinar with, and accopt the congenions of					
SIGNATURE	Signature, typed or printed name of registered agent and title if	annicable (NOTE: Br	egistered Agent signature requ	uired when reinstating)	DATE	
	Signature, typed or printed name or registered agent and title if OFFICERS AND DIRECT		13.		O OFFICERS AND DIRECT	TORS IN 12
12.		DELETE	1.1 TITLE	ADDITIONO/OFFACES	☐ Chang	
TITLE	PD	□ NELETE	1			
NAME	JORGENSEN, ADAM A		1.2 NAME			Ļ
STREET ADDRESS	1911 NW 36TH ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK, FL 33309-5753		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Chang	e
NAME	JORGENSEN, BIRTE L	•	2.2 NAME			j
STREET ADDRESS	1911 NW 36TH ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK, FL 33309-5753		2. 4 CITY-ST-ZIP			
TITLE	•	- □ DELETE	3.1 TITLE -	•	Chang	e _ 🔲 Addition (
NAME	• •		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4, CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Chang	e 🗌 Addition
NAME	·		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			·
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		□ DELETE	5.1 TITLE		☐ Chang	e
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Chang	e
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
COTY OT 710			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 suppliemental annual report is true and accurate and that my signature shall have same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee 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, with all other like empowered.

SIGNATURE: