

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G38568** (3)
1. Corporation Name
JORDAN HIGH VOLTAGE, INC.

Principal Place of Business Mailing Address
7501 G.W. 56TH AVENUE PLANTATION FL 33317
1561 S.W. 56TH AVENUE PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 4901 SW. 51 STREET		26 4901 SW. 51 STREET		05/16/1983	04/18/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 DAVIE, FL		28 DAVIE, FL		59-2297765	Not Applicable
24 33314		25 BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 33314		30 BROWARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JORDAN, DORIS 1561 S.W. 56 AVE. PLANTATION FL-33317				Thomas m. Jordan 4901 S.W. 51 Street DAVIE, FL 33314			
B1 Name				B1 Name Thomas m. Jordan			
B2 Street Address (P.O. Box Number is Not Acceptable)				B2 Street Address 4901 S.W. 51 STREET			
B3				B3			
B4 City				B4 City DAVIE			
B5 Zip Code				B5 Zip Code FL 33314			

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 officer 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE *Thomas m. Jordan* **Thomas m. Jordan S/T 1-24-95**
(Signature, typed or printed name of registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	JORDAN, DORIS	1.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, DORIS	1.2 NAME	Thomas m. Jordan
STREET ADDRESS	1561 S.W. 56TH AVE.	1.3 STREET ADDRESS	4901 S.W. 51 STREET
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, THOMAS	2.2 NAME	
STREET ADDRESS	1561 S.W. 56TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), 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 both, with a checkmark with an asterisk.

SIGNATURE *Thomas m. Jordan* **Thomas m. Jordan 1-24-95**
(Signature and typed or printed name of signing officer or director) DATE
(305) 587-7754