FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)G81378 JODAN, INC. Principal Place of Business Mailing Address 7 ROYAL PALM WAY 7 ROYAL PALM WAY APT. 506 APT. 506 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 01/25/1984 Principal Place of Business Mailing Address Applied For 59-2473894 Not Applicable Suite, Apt. # etc Suite, Apt. # otc. \$8.75 Additional 5. Certificate of Status Desirer 22 ee Reculred City & State City & State 6. Election Campaign Financino \$5.00 May Be 23 28 Zip Country Country 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOLLY, ANN L. 7 ROYAL PALM WAY, APT. 506 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 84 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hander congration 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 Signature, typied or printerliname of registered agent and title if applicable Registered Agent signature required when reinstaling 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ■ DELETE TITLE 1.1 TITLE Change ■ Addition JOLLY, ANN L. NAME 1.2 NAME 7 ROYAL PALM WAY-#506 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DST DELETE 21 TITLE Change Addition JOLLY, DON NAME 22 NAME 7 ROYAL PALM WAY-#203 STREET ADDRESS 23 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 City-St-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 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 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

SIGNATURE: