OCUMENT # G81378       JODAN, INC.       Incode If State of Business       Marking Address       One PALL WAY       Provide Name       Do NOT WRITE IN THIS SPACE       State, Apth Age:       21       State, Apth Age:       22       State, Apth Age:       23       State, Apth Age:       24       25       26       Control       27       28       29       20       20       Control       20       21       22       22       23       24       25        26	19	OFIT DRATION REPORT 99	Katherin Secretary	TMENT OF STATE e Harris	Mar 04, Secreta	ILED 1999 8:00 am iry of State 90090 024 ***150.00
Initial Plane of Business     Mailing Address       0004, PLM WAY     7 ROYAL PLM WAY       7 ROYAL PLM WAY     7 ROYAL PLM WAY       7 SG     BCCA RATON FL 3542       US     OD NOT WRITE N THIS SPACE       3. Date income of Countery     State APIT Ass       01/25/1984     DIVESTIGATION FL 3542       State APIT Ass     State APIT Ass       20     State APIT Ass       20     Country       21     Country       22     Country       23     Country       24     Country       25     Country       26     Country       27     Country       28     Country       29     Country	Corporation Nan		3			RAH HATI BIRIT ATAN DIRI ARTIK DIRI ARTIK DIRI ARTIK URA
DONAL PRAN WAY     7 BOYAL PNAN WAY       P1 SS     APTOR FL 3552       DO AL PRAN WAY     7 BOYAL PNAN WAY       DS STOR FL 3552     Do NOT WRITE IN THIS SPACE       3. Date Incorporated or Cualifies     0/125/1984       DPINCIPAL Place of Businevie     Address       State, APL Put:     21       State, APL Put:     27       Cov & State     28       20     Country       20     Country       21     Country       22     Country       23     Country       24     Country       25     Country       26     Country       27     Country       28     The Registered Agent       30     Nome and Address of Current Registered Agent       30     Nome and Address of Current Registered Agent       30     Nome and Address of Current Registered Agent       310LLY, ANN L     7 BOYAL PALM WAY, APT. 505       35     State Address (P OLTBORN FL State)       34     City       35     State Address (P OLTBORN FL State)       36     City       37     Country       38     City       39     State Address (P OLTBORN FL State)       30     Countre Registered Agent       10			Mailing Addross			
E OG     AFT SG     AFT SG     BOCA RATON FL 3542     BOCA RATON FL     Status     DO NOT WRITE IN THIS SPACE     Status     DO NOT WRITE IN THIS SPACE     Status     DO NOT WRITE IN THIS SPACE     DO NOT WRITE IN THIS SPACE     Status     DO NOT WRITE IN THIS SPACE     Status     DO NOT WRITE IN THIS SPACE     Status     Status     DO NOT WRITE IN THIS SPACE     DO NOT W	•		-			
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Pencipal Place of Business						   
Suite, Apl. adc.     Suite, Apl. add.     Suite, Apl. add. <td>Principal Place</td> <td>of Business</td> <td>Mailing Address</td> <td></td> <td></td> <td>Applied For</td>	Principal Place	of Business	Mailing Address			Applied For
Chry & State			26		<u>_59-2473894</u>	
City & State City	Suite, Apt. #, etc	c.			5. Certifcate of Status Desired	
Zip     Country     Zip     Country     2     30     Personal Property Tax.     Kt is corporation owes the current year intengible       9. Name and Address of Current Registered Agent     0. Name and Address of New Registered Agent     0. Name and Address of New Registered Agent     0. Name and Address of New Registered Agent       JOLLY, ANN L     7 ROYAL PALM WAY, APT. 506     50     Street Address (P.O. Box-Number is Not Acceptable)       BOCA RATON FL 33432     64     Ciry     FL       Visit or control from the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the address (P.O. Box-Number is Not Acceptable)     65       State of Control from the provisions of Sections 607.0505. Florids Statutes, the address of directors. I hereby accept the appointment as registered agent. In Manual with, attractured the observed agent and and states.       GNATURE     State of Florids. Statutes, the address of the registered agent and and states.       Systems typed of proved new of agent and and address of the registered agent and and states.       ONATURE     Systems typed of proved new of agent and and address of the registered agent and and address of the registered agent and address of proved new of agent and address of the registered agent and address of address of the registered agent and address of address of the registered agent and address of the registered agent and address of address of the registered agent and address of a	City & State	$\overline{}$		<u> </u>	6. Election Campaign Financing	
23     20     30     Personal Property Tax.     Ves     IND       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       JOLLY, ANN L     7 ROYAL PALM WAY, APT. 505     50     10. Name and Address of Sections 607 (502 and 607 1508, Fonds Statutes, the abdresses (F.O. Bon-Number Is Not Acceptable)       Prevalue to the provisions of Sections 607 (502 and 607 1508, Fonds Statutes, the abdresses (P.O. Bon-Number Is Not Acceptable)     10. Name and Address of Current Registered Agent       100 to 0 or Department and the statement for the purpose of changing its registered agent. I am familier with, and the statement for the purpose of changing its registered agent. I am familier with, and the statement for the purpose of changing its registered agent. I am familier with, and the statement for the purpose of changing its registered agent. I am familier with, and the statement for the purpose of changing its registered agent. I am familier with, and the statement for the purpose of changing its registered agent. I am familier with, and the statement was authorized by the conformation. Lagart of directors. I hereby accept the appointment as registered agent. I am familier with a statement for the purpose of changing its registered agent. I am familier with a statement for the purpose of changing its registered agent. I am familier with agent and mit registered.       OP     OUTCRESS AND DIRECTORS NE42.       DP     DeLETE       JOLLY, ANN L     I am familier with agent and mit registered.       ST     DOZA RATON FL       ST     DOZA RATON FL       V				Country		
Summe and Address of Current Registered Agent     JOLLY, ANN L     7 ROYAL PALM WAY, APT. 506     BOCA RATON FL 33432     Street Address (P.O. Box-Auguber is Not Acceptable)     B2     Street Address (P.O. Box-Auguber is Not Acceptable)     Street Address     OFFICERS AND DIRECTORS     Street Address     OFFICERS AND DIRECTORS     Street Address     OFFICERS AND DIRECTORS     Street Address     TOXAL PALM WAY-#203     Street Address     TOXAL PALM WAY-#203     Street Address     ORA RATON FL     DELETE     DELETE     Street Address     Street Address     OFFICERS AND PL     DELETE     Street Address	Zip					
JOLLY, ANN L 7 ROYAL PALM WAY, APT. 508 BOCA RATON FL 33432	9.				10. Name and Address of New	Registered Agent
billio or registrere4-agent, or toch, in the State of Florida. Such change was authorized by the corporation-4-based of alrectors. Interest accept the appointment as registreted agent and analyzed and analyzed accept the appointment as registreted agent and analyzed accept the appointment as registreted agent and analyzed accept and accept accept and accept and accept accept and accept accept accept accept and accept and accept ac			02 and 607.1508, Florida Statute	84 City	poration submits this statement for the	FL FL
LE DP DELETE 1.1 TTLE Change Addition ME JOLLY, ANN L JOLLY, JON ME JOLLY, DON JOLLY, DON V-ST-2P BOCA RATON FL JOLLY, DON ZI NAME JOLLY, JON ZI NAME J	office or registe agent. I am far GNATURE	ered agent, or both, in the State miliar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flor	thorized by the corporation of t	ed when reinstating)	
Me     JOLLY, ANN L.       7 ROYAL PALM WAY-#506     13 STREET ADDRESS       Y-ST-2P     DST       LE     DST       We     JOLLY, DON       REET ADDRESS     2 STREET ADDRESS       Y-ST-2P     DOLARATON FL       LE     DELETE       21 STREET ADDRESS					ADDITIONS/CHANGES TO OF	
Y-ST-2P       BOCA RATON FL       14 CITY-ST-2P         LE       DST       DELETE       21 TITLE         JOLLY, DON       22 NAME       23 STREET ADORESS         Y-ST-2P       BOCA RATON FL       24 CITY-ST-2P         LE       DELETE       31 TITLE         DELETE       31 TITLE       Change         Y-ST-2P       BOCA RATON FL       24 CITY-ST-2P         LE       DELETE       31 TITLE         NEET ADORESS       33 STREET ADORESS         Y-ST-2P       34 CITY-ST-2P         LE       DELETE       41 TITLE         NEET ADORESS       33 STREET ADORESS         Y-ST-2P       44 CITY-ST-2P         U-ST-2P       44 CITY-ST-2P         V-ST-2P       44 CITY-ST-2P         V-ST-2P       44 CITY-ST-2P         V-ST-2P       44 CITY-ST-2P         V-ST-2P       51 TITLE         NEE       DELETE         S1 STREET ADORESS       53 STREET ADORESS         Y-ST-2P       44 CITY-ST-2P         LE       DELETE         S1 STREET ADORESS       54 CITY-ST-2P         V-ST-2P       S1 STREET ADORESS         Y-ST-2P       S1 STREET ADORESS         S4 CITY-ST-2P					<b>\</b>	
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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	Y-ST-ZIP .E ME KEET ADDRESS Y-ST-ZIP LE ME KEET ADDRESS Y-ST-ZIP .E .E ME			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		