

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H02292** (1)

1. Corporation Name

JO-MAR SYSTEMS, INC.



Principal Place of Business

**2426 COUNTRY OAKS LN.
P.O. BOX 31072
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**2426 COUNTRY OAKS LANE
P.O. BOX 31072
PALM BEACH GARDENS FL 33410
US**

3. Date Incorporated or Qualified

05/07/1984

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2616133

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YON, JOE
2426 COUNTRY OAKS LANE
PALM BEACH GARDENS FL 33410**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent, and the date of signature

(NOTE: Registered Agent Signature Required when Changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
YON, JOE
2426 COUNTRY OAKS LN.
PALM BEACH GARDENS FL**

TITLE ☐ DELETE

**ST
YON, MARY M.
2426 COUNTRY OAKS LANE
PALM BCH GARDENS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY M. YON

4-22-96

407-694-3088

(DAY)

(DAYTIME PHONE)

CR2E034 (12/95)