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

PROFIT CORPORATION ANNUAL REPORT



J25280

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

JRI W

(5)

1. Corporation JOHA	LA DEVELOPMENT COM	PANY	(0)						
Principal Place	of Business	Mailing Address						[]] U()))	(1 610 11 0100) 1001
6101 34TH SUITE 31-H		6101 34TH ' SUITE 31+H							
BRADENTON FL 34210 BRADENTON FL 34210						3. Date Incorporated or Qualified 3a. Date of Last Repo		eport	
US		US				07/17/1986		02/13/1	995
Principal Place of Business 2a. Mailing Address						4. FEI Number		<u> </u>	Applied For
26						<u> </u>		Not Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip	30	ountry	y	8. This corporation has liability for	intangibl		199.032,
24	25 Name and Address of Curr	29 29 Agent		-1-		10. Name and Address of New Registered Agent			
	g. Hame and Address of Con-	on negistored rigon		81	Name				
ШАМ	TON, BONNIE J			82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)		
6101 34TH ST. W.									
#31·H					• [
	BRADENTON FL 34210							. 85 Zi	o Code
				Щ.	1	ration submits this statement for the pu			anistored office
12.		gent and title if applicable. AND DIRECTORS DE	1	ared Age 3.		od when reinstating) ADDITIONS/CHANGES TO OF	ENT FICERS		DRS IN 12
TITLE	P	[_] UE		2 NAME					
NAME	HAMILTON BONNIE	.1			ET ADDRESS				
STREET ADDRESS	6101 34TH ST. W. #31-1 BRADENTON FL	n			ST-ZIP				
City-St-ZIP Titus	DRADENIUM FL	DE		1 TITLE				☐ Change	☐ Addition
NAME			2	2 NAME					
STREET ADDRESS			2	3 STREI	ET ADDRESS				
CITY - ST - ZIP					-ST-ZIP			FT 01	- Lastina
TITLE		DE	LETE 3	. 1 TITLE				☐ Change	☐ Addition
NAME				.2 NAME					
STREET ADDRESS					ET ADORESS				
CITY - ST - ZIP		□ DE		4 CITY	-ST-ZIP			☐ Change	Addition
TITLE				2 NAME				8*	
NAME					ET ADDRESS				
STREET ADDRESS					- ST- ZIP				
CITY - \$1 - ZIP TITLE		□ D£		. 1 TITL				Change	☐ Addition
NAME				.2 NAMI	1				
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP			1		-ST-ZIP				
TITLE		DI		1 THL				☐ Change	☐ Addition
NAME				2 NAM	£				
STREET ADDRESS				3.3 STRE	ET ADDRESS				
CITY-ST-7/P	1			5.4 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 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/24/96 (941) 755-5458