## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** 

SIGNATURE:

May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name (0)J35494 JOLCO, INC. Principal Place of Business Mailing Address 432 DEER CREEK PATH 432 DEER CREEK PATH DEERFIELD BCH. FL 33442 DEERFIELD BCH. FL 33442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1986 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2739134 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional W 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 28 Ζip Country Zip Country 8. This corporation owes or has paid the current wear Intangible 30 Personal Property Tax due June 30. □ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STERZER, JOEL **432 DEER CREEK PATH** 82 Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BCH. FL 33442 83 84 City Zip Code 65 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 title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME STERZER, JOEL 1.2 NAME **432 DEER CREEK PATH** STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH. FL 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TrT1 F 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 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 or manufactories with an address.

**FILED**