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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J35494

JOLCO, INC.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90213 069 ***150.00 04-27-1999 90213 070 *****8.75



Mailing Address Principal Place of Business 432 DEER CREEK PATH 432 DEER CREEK PATH DEERFIELD BCH. FL 33442 DEERFIELD I3CH. FL 33442 DO NOT WRITE IN THIS SPACE 3. Date ir corporated or Qualifed 09/30/1986 4. FEI Number Applied For 2a. Mailing Address 2. Principa Place of Business 59-2739134 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Recuired 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year intangible Personal Property Tax. Cour try Zip Zip Persor al Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STERZER, JOEL Street Address (P.O. Bo) Number is Not Acceptable) 82 432 DEER CREEK PATH DEERFIELD BCH. FL 33442 83 Zip Code 84 85 City FL 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Stati tes, the above-named corporation submits this statement for the purpose of changing its legistered 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 (NOTE: Registered Agent signature req irred when reinstating) Signature, typed or printed no me of registered agen: and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ DELETE Change ☐ Addition 1.1 TITLE TITLE 1.2 NAME STERZER, JOEL NAME 432 DEER CREEK PATH 1.3 STREET ADDRESS STREET ADDRESS DEERFIELD BCH. FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITI F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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 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 change 1, or on an anatoment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: ______SIGNATURE AND TY

STREET ADDRESS

FIC IR OR DIRECTOR

CR2E034 (11/98)