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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J37500 1, Corporation Name

JOADS THREE, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90012 011 ***300.00



						ALL BESTE BURST BURST Burst Burst Bu	
Principal Place of Business Mailing Address						pri minit nikti ni hi l	#1841 WIWIT 1881
13143 DOUBLETREE CIRCLE 13143 DOUBLETREE CIRCLE WELLINGTON FL 33414-4038 WELLINGTON FL 33414-4038					DO NOT WRITE IN THIS SPACE		
•					3. Date Incorporated or Qualifed		
					10/13/1986		
2, Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2809542	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional
22					a. Certificate of Otation Desired	Fee Ri	eguired
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23 28					Trust Fund Contribution	Added	to Fees
Zip	_ '		Country		8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.	Yes	No
	9. Name and Address of Cur	rent Registered Agent	8	1 Name	10. Name and Address of New Register	ed Agent	
REDI	NGTEIN ALAN		8	Name			
BERNSTEIN, ALAN 4869 OKEECHOBEE BLVD.			8	2 Street Add	treet Address (P.O. Box Number is Not Acceptable)		
	T PALM BEACH FL 33417			_			
WEO.	HI I ALM DEACH FE 30417		8	3			
			8	4 City		85 Zip	Code
				<u> </u>		- L 03 24	- pintored
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was a	authorized b	y the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the ap	pointment as re	agistered
SIGNATURE	Signature, typed or printed name of registered	anent and title if applicable (NO)	- Registered Ad	ent signature require	ed when reinstating) [7A1]		\
12.		AND DIRECTORS	13.	on ognatur og	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PSD	☐ DELETE	1 I TITLE			☐ Change	☐ Addition
NAME	FEINSILVER, RODGER L.		1 2 NAME				į
STREET ADDRESS	13143 DOUBLE TREE CIRCI	F	13STRE	ETADDRESS			1
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-	ST-ZIP			-
TITLE	VTD DELETE		2 1 TITLE			Change	Addition
NAME	FEINSILVER, RHONA L.		2.2 NAME	:			-
STREET ADDRESS	13143 DOUBLE TREE CIRCI	F	2 3 STRE	ET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL	- -	2.4 CITY				
TITLE	TOWNSTON	☐ DELETE	3 1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			34 CITY				
TITLE	<u> </u>	☐ DELETE	4 1 TITLE			☐ Change	Addition
NAME			4 2 NAM	Ε			
STREET ADDRESS			43STRE	ÉT ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5 1 TITLE			Change	Addition
NAME			5 2 NAME				
STREET ADDRESS			53 STRE	ET ADDRESS			
CITY-ST-ZIP			5 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE			☐ Change	Addition
NAME			6 2 NAME				
STREET ADDRESS			63STRE	ET ADDRESS			
CITY ST 7ID			64 CITY	ì			

14. 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 symplemental 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 of the receiver of 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 of the corporation of the receiver of 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 of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR