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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K11147

(1)

JOTKOFF COMPUTER SERVICES, INC.

FILED
Apr 25 1997 8:00am
Secretary of State



Principal Place of Business ONE SW FLAMINGO RD SUITE 201 PEMBROKE PINES FL 33027		Mai	Mailing Address				F 16016711 DOI 11865 14695 14655 DIĞIY SOOL BISKS AMAN OLDIL DIGIL DIĞIY GIĞIN 1601			
		SUN	ONE SW FLAMINGO RD SUITE 201 PEMBROKE PINES FL 33027-1716							
		, EW	THE PARTY OF THE P				3. Date Incorporated or Qualified 01/05/1988		te of Last P 5/1996	leport
2. Principa	nt Place of Business	2a.	Mailing Address				4. FEI Number		A	oplied For
21		26					65-0021248	· · · · · · · · · · · · · · · · · · ·	N	ot Applicable
Suite, Ap 22	.pt. #, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & S	State		City & State			······	6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zιp	Country		Zip	Cou	ntry		B. This corporation has liability for	ntangible i	tax under s	. 199.032,
24	25	29		30				Yes [
	9. Name and Address of Cur	rent Registe	ered Agent				10. Name and Address of New Re	gistered A	gent	
J	OTKOFF, ALAN M.				81	Name				
1	1849 SW 43RD ST		÷		62	Street Addr	ress (P.O. Box Number is Not Acceptat	le)		
D.	AVIE FL 33330				-					
					83					
				ĺ	84	City			85 Zip	Code
		····					poration submits this statement for the p	<u>FL</u>		
SIGNATUR	Signature, typed or printed name of registered			···········	Ape	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS /	AND DIREC	DELETE	13.	T. F.		ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	AS IN 12
THEF	1		□ DELETE	1.1 Tr		1			Li Change	L. Abullio
NAME	JOTKOFF, ALAN M. ss 11849 SW 43RD ST			12 NA						
STREET ADDRES						ADDRESS				
CD1Y-\$1-70	DAVIE FL		T brieve	1.4 CI		T-ZIP				T Lagran
THILF	SD								Chaves	Additio
	INTUNE BATRIOIA T		DELETE	2.1 TO		i			Change	
NAM:	JOTKOFF, PATRICIA T.		L'I DECEIE	2.2 NA	AME				Change	
STREET ADDRES	ss 11849 SW 43RD ST		C'I DEFEIF	2.2 NA 2.3 SI	AME Reet	ADDRESS		<u></u>	Change	
STREET ADDRE				2.2 NA 2.3 ST 2.4 C	AME REET ITY - \$	ADDRESS ST-ZIP				T Addition
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STREET ADDRES C-TY - S7 - Z6' THLE NAME STREET ADORES C-TY - S1 - Z6' THLE	11849 SW 43RD ST DAVIE FL			2.2 NA 2.3 SF 2.4 C 3.1 T/ 3.2 NA 3.9 ST 3.4. C 4.1 T/	AME FREET THE AME FREET FTY-S THE	ST-ZIP ADDRESS		4.		
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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 it 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 12 or Block 13 if changed, or on an attachment with an address.

Date

Daytime Phone #