FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K17638** **(3)**

1. Corporation Name
JORDAN MARKETING GROUP, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 895~~ ~~APOPKA FL 32704-0895~~	~~P.O. BOX 895~~ ~~APOPKA FL 32704-0895~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 895 Fox Valley Dr.	26 895 Fox Valley Dr.
Suite, Apt. #, etc. 22 Longwood FL 32779	Suite, Apt. #, etc. 27 Suite 121
City & State 28 Suite 121	City & State 28 Longwood, FL
Zip 24 32779 Country 25 Orange	Zip 29 32779 Country 30 Orange

3. Date Incorporated or Qualified	3a. Date of Last Report
03/04/1988	05/01/1994

4. FEI Number: 59-2874037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No ?

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JORDAN, ZACK 2110 COUNTRYSIDE DRIVE APOPKA FL 32712	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

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 [illegible] (NEW Registered Agent's signature required) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	JORDAN, ZACK W.	12 NAME	
STREET ADDRESS	2110 COUNTRYSIDE DR.	13 STREET ADDRESS	
CITY ST ZIP	APOPKA FL 32712	14 CITY ST ZIP	
TITLE	PVP	21 TITLE	☐ Change ☐ Addition
NAME	JORDAN, ZACK W.	22 NAME	
STREET ADDRESS	2110 COUNTRYSIDE DR	23 STREET ADDRESS	
CITY ST ZIP	APOPKA FL	24 CITY ST ZIP	
TITLE	TS	31 TITLE	☐ Change ☐ Addition
NAME	JORDAN, ZACK W.	32 NAME	
STREET ADDRESS	2110 COUNTRYSIDE DR	33 STREET ADDRESS	
CITY ST ZIP	APOPKA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 on an attachment with an address.

SIGNATURE: Zack W Jordan Zack W. Jordan 4/28/95 (407) 869 6588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0415340 FP