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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 27 1997 8:00am

Secretary of State

561-334-7406

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K22641

(0)

JORDAN MANUFACTURING, INC.

	** ***********************************											
Principal Place of Business Mailing Address								i residin ted man mein bum duder mer bibli arar gran gran gran gran gran gran gran				
891 N.E. DIXIE HWY #8 JENSEN BEACH FL 34957 BY N.E. DIXIE HWY JENSEN BEACH FL 3			i n.e. dixie hwy., #B Nsen Beach Fl 34957	1 11								
							<u> </u>	3. Date Incorporated or Qualified 05/05/1988		Date of Last R /23/1996	eport	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Applied For		
21			26					65-0060278	Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 /	Additional equired	
City & State			City & State					6. Election Campaign Financing		\$5.00		
City & State			28					Trust Fund Contribution			to Fees	
Zi p	Country	Zip	Country				8. This corporation has liability for	r intangibl				
24	25 29			30	30			Florida Statutes	ites 🗹 Yes 🗋 No			
	9. Name and Address of Curr	ent Regis	tered Agent					0. Name and Address of New F	legistered	J Agent		
	d, William R.				81	Name		•				
	N.E. DIXIE HIGHWAY, #8				82	Street /	Address	(P.O. Box Number is Not Accept	able)	 		
JENS	SEN BEACH FL 34957				83	······································			<u> </u>	<u> </u>		
					03							
					84	City			FI	85 Zip	Code	
11 Pursuant t	to the provisions of Sections 607.0	502 and €	07 1508 Florida Statu	ites, the a	hove	a-named	corpora	tion submits this statement for the	purpose	of changing it	ts registered	
office or re	egistered agent, or both, in the Sta m farmiliar with, and accept the ob-	ato of Flori	da. Such change was	: Authoriza	ed hy	the cord	poration'	s board of directors. I hereby acc	ept the ar	pointment as	registered	
	ni ramiiar wiin, and accept ine oo	ngations o	r, Section 607.6505, r	ioriua sie	nute:	5 ,						
SIGNATURE .	Signature: typed or printed name of registered	agent and to	if applicable (NC	OTE: Register	d Ape	nt signature	e required w	hen reinstating)	DATE			
12.	OFFICERS A	ND DIRE		13.				ADDITIONS/CHANGES TO OFF	ICERS AN	***************************************		
TILLE	PD		☐ DELETE	1.11	ITLE		ST			Change	Addition	
NAME	WARD, WILLIAM R.				IAME		100	N K. WARD	40			
STREET ADDRESS	891 N.E. DIXIE HWY, #8	Pa				ADDRESS	891	N.E. DIXIE HWY ISEN BEACH, F	. " <i>U</i>			
CITY-ST-7IP		195]	CZ projete			T-ZIP	Jer	isen Beach, F	2 يا	Change	Addition	
TITLE	ST New, Sugan M		A DELETE	217						L. Change	Modillon	
NAME	-3081-S.E. MIRACLE LANE				AME	**********						
STREET ACCRESS	PORT ST. LUCIE FL					ADDRESS						
CH*V+SI+ZIP TITLE	TOTAL OF LOOK 12	······································	DELETE		CILY-	ST-ZIP	 		- :	Change	Addition	
NAME					MAME		1					
STREET ADDRESS						ADDRESS						
CITY-S1-7/P						\$1-ZIP						
TITLE			DELETE	4.1	TITLE			1 11:01:00:00		Change	Addition	
NAME.				4.2	NAME		1					
STREET ADDRESS				4.3	STREET	ADDRESS						
CHY+SY-ZIF		A. A		4.4	CITY - S	ST - ZIP						
TITLE			L. DELETE	5.1	ΠΙΣ					Change	Addition	
NAMÉ				5.2	NAME							
STREET ADDRESS				5.3	STREE	r address						
CHY+ST-ZIP	eranin and the second and a second a second and a second					ST-ZIP	_			Chann	☐ Addition	
TITLE			☐ DELETE		THILE					Change	Munition	
NAME					NAME	* ****						
STREET ADDRESS						ADDRESS						
CHTY: ST: 74	by certify that the information supp	lied with (his filing does not aus	alify for th	e ex	ST-ZIP emotion s	stated in	Section 119.07(3)(i) Florida State	ites, I furti	her certify tha	it the	
informatic Lam an o	by certify that the information support in in indicated on this annual report of director of the corporation in Block 12 or Block 13 if changed	or suppler or the re-	nental annual report is selver or trustee empt	s true and owered to	200	urata and	nd that m	v sinnature shall have the same le	cal effect	as if made ur	nder oath: that	