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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K30813

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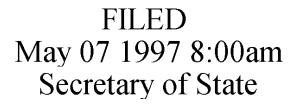
JONA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2855 COLONIAL BLVD., #330 FT. MYERS FL 33912

2855 COLONIAL BLVD., #330 FT. MYERS FL 33912-1041





THE MICHOIC	0001E	,						
					3. Date Incorporated or Qualified 08/05/1988	3a. Date of Last F 05/01/1996	Report	
	ace of Business	2a. Mailing Address			4. FEI Number	Δ	pplied For	
21 /2000	820 Sulip Court 26 12820 Juli			· (1)	65-0063056	N	ot Applicable	
Suite, Apt. 6	#, etc. Myen Fl	26 12820 Julip Ct. Suite, Apt #, etc. 27 Fort Myers #L			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added Added	to Fees	
ฐ.3 <i>39</i> /	Country	33912	L	untry	8. This corporation has liability for in		. 199.032,	
24 337/	-V		30	40 e		Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent OALANC INCEDUA 81 Name								
GALANIS, JUSEPH A.								
12820 JULIP CT FT. MYERS FL 33912					Street Address (P.O. Box Number is Not Acceptable)			
F1. N	MTERS FL 33912				83			
				84 City		FL 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	
TITLE	PST	DELETE	1.1 1	ITLE		Change	Addition	
NAME	GALANIS, JOSEPH A.		121	NAME				
STREET ADDRESS	12820 JULIP CT		1.3 9	STREET ADDRESS				
CITY-ST-ZIP	FT. MYERS FL		1.40	DITY-ST-ZIP				
TITLE	VD □ DELETE		2.1 7	ITLE		☐ Change	Addition	
NAME	GALANIS, JOSEPH A.		2.21	IAME				
STREET ADDRESS	12820 JULIP CT		2.3 STREET ADDRESS					
CITY-ST-ZIP	FT. MYERS FL		2.4	CITY - ST- 7IP				
TITLE		☐ DELETE	3.1 7	ent€		Change	Addition	
NAME				NA,ME				
STREET ADDRESS			3.3 9	STREET ADDRESS				
CITY-ST-ZIP		Friere		CITY-S1-7IP			I Addition	
TITLE		DELETE	4.11			L_ Change	Addition	
NAME				NAMF				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP		DELETE		OTY-S1-ZiP		Change	[] Addition	
TITLE			5.1 1			□ change	LT Worldool	
NAME				NAME				
STREET ADDRESS				SIREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE		CITY-ST-ZIP		Change	Addition	
		E pricir				□ cuange	C MODITION	
NAME OTREET ADDRESS				NAME				
STREET ADDRESS				STREET ADORESS				
CITY-ST-ZIP	ov certify that the information supplied	with this filing door not quali		DITY-ST-ZIP	ated in Section 119 07(3)(i). Florida Statutes	: I further certify the	I the	

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.