

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

FILED  
May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K30813**

(5)

1. Corporation Name  
**JONA ENTERPRISES, INC.**



Principal Place of Business <b>2855 COLONIAL BLVD., #330 FT. MYERS FL 33912</b>	Mailing Address <b>2855 COLONIAL BLVD., #330 FT. MYERS FL 33912-1041</b>
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2. Principal Place of Business 21 <b>12820 Julip Court</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>12820 Julip Ct.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/05/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
22 <b>Fort Myers FL</b> City & State		27 <b>Fort Myers FL</b> City & State		4. FEI Number <b>65-0063056</b>	Applied For Not Applicable
23 Zip 24 <b>33912</b>		25 Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 Zip 29 <b>33912</b>		30 Country <b>Lee</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>GALANIS, JOSEPH A. 12820 JULIP CT FT. MYERS FL 33912</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALANIS, JOSEPH A.</b>	1.2 NAME	
STREET ADDRESS	<b>12820 JULIP CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALANIS, JOSEPH A.</b>	2.2 NAME	
STREET ADDRESS	<b>12820 JULIP CT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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:  \_\_\_\_\_

CR2E034 (9/96)