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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

K76938

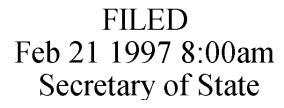
(5)

JOHNWIN, INC.

Principal Place of Business 2432 JOSE CIRCLE S. JACKSONVILLE FL 32217

Mailing Address

2432 JOSE CIRCLE S. JACKSONVILLE FL 32217-3549





3. Date Incorporated or Qualified 3a. Date of Last Report

						03/29/1989	02/	28/1996	
2. Principal F	Pace of Business	2a. Mailing Address				4. FEI Number	***************************************	Ap	plied For
21	26					59-2939720		Not Applicable	
Suite, Apt. #, etc. Suile, Apt. #, etc						5. Certificate of Status Desired		\$8.75 A	
22 27						or contineate of claids busined		Fee Re	quired
City & State City & State						6. Election Campaign Financing		\$5.00	
23	28					Trust Fund Contribution	<u> </u>	Added t	o Fees
Zip	Country	Zip	\vdash	intry		8. This corporation has liability for it		-	199.032,
24	25	29	30				Yes		
9. Name and Address of Current Registered Agent					News	10. Name and Address of New Re	pistered A	gent	
THAGGARD, NEILL A I					Name				
2432 JOSE CIR SO JACKSONVILLE FL 32217				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84	City			85 Zip (Code
					~,		FL.		
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE.	Signature, typed or purited name of registered age		YF. Basistan	44		ed when reinstating)	DATE		
12,	OFFICERS AND		13.	a roe	ni signature require	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TifLE	I VP	DELETE	1.1 1)	TL F	 	72511011070171110201001110		Change	Addition
NAME	THAGGARD, CRAIG W		1.2 N		ļ				
STREET ADDRESS 2432 JOSE CIRCLE S.				1.3 STREET ADDRESS					
•	JACKSONVILLE FL 32217				1				
CITY - ST - ZIP	PT	DELETE		ITY-S	1-211			Change	Addition
NAME	THAGGARD, NEILL A I			2.1 TITLE 2.2 NAME			*···	Citango	L redución
	MAN INCE NON E C			2.3 STREET ADDRESS		ન પહે			
STREET ADDRESS	JACKSONVILLE FL 32217				1				
CITY-ST-ZP TITLE	S	☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
	WILSON, MARY R			3.2 NAME				Orango	
NAME	2432 JOSE CIRCLE S.				4000000				
STREET ADDRESS	JACKSONVILLE FL 32217			3.3 STREET ADDRESS					
CITY - ST - ZIP	DELETE			3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
TITLE	L. Dereste			4.1 FILE 4.2 NAME			,	I Vikiliyo	First Statement
NAME									
STREET ADDRESS					ADDRESS				
C 7V-SI-7 2	<u> </u>	☐ DELETE			T-2IP			Change	Addition
11ftF			5.1 TI				4	mi rusude	rm1 waaman
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
C(*Y-ST-7)2				5.4 CITY-ST-ZIP				T 0:	A 7 755
TITLE	☐ DELETE			6.1 TITLE			l	Change	Addition
NAME			6.2 N						
STREET ADDRESS			6.3 \$	TREET	ADDRESS				
CITY - S1 - Z0°					T-ZIP		,		, l
14. i do here informati	eby cert ly that the information supplied on indicated on this applied report or s	d with this filing does not qua	lity for the	exe acci	mption stated	l in Section 119.07(3)(i), Florida Statutes my signature shall have the same lega	s. I further Leffect as	certify that	the decoath: that

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 na appears in Block 12 or Block 13 if changed, or on an attachment with an address.