SECOND NOWCE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L10351

(9)

IAN JON'S, INC.

Mailing Address

% JULIE ODETTE MAIOLO

Principal Place of Business

% JULIE ODETTE MAIOLO

FILED 97 AUG 19 AN 7:53

SECRETARY OF STATE

959 Jensen BCH BLVD. Ensen Beach FL 34957		1959 JENSEN BCH BLVD. JENSEN BEACH FL 34957					DO NOT WRITE IN THIS SPACE				
								Date Incorporated or Qualified	3a. Date of Last Report		ast Report
								.08/17/1989	06	3/07/199	96
Principal Place of	Business	2a.	. Mailing Address				FEI Number		77	Applied For	
		26					65-0147699 N			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	75 Additional	
		27					5.	Certificate of Status Desireo		Fe	e Required
City & State			City & State				6.	Election Campaign Financing		\$5.	.00 May Be
		28						Trust Fund Contribution		Add	ded to Fees
Zip	Country		Zip	Cou	ntry		8.	This corporation owes or has pai	d the c	urrent yea	ar Intangible
	25	29		30				Personal Property Tax due June	30.	Yes	□ No
9, 1	Name and Address of Cu	rrent Regis	lered Agent				10.	Name and Address of New Re	gisterec	l Agent	
	JULIE ODETTE				81	Name					
1958 RICO JENSEN E	DU TER BEACH FL 34957				82	Street Addre	ess (F	2.O. Box Number is Not Acceptab	le)		
					84	City			FI	8 5	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.

SIGNATUR	ıΕ
SIGNATION	1

CITY-ST-ZIP

SIGNATURE	Signature, typed or printed name of registered agent and	tille il applicable. (NOTE	E: Registered Agent signature requi	ired when reinstating) DATE .
12.	OFFICERS AND DIR	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addilio
NAME	MAIOLO, JULIE ODETTE		1.2 NAME	
STREET ADDRESS	1958 RICOU TER		1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addilion
NAME	•		2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CI1Y-S1-ZIP	× 1
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	4000022752345 -08/22/9701105003
STREET ADDRESS			3.3 STREET ADDRESS	-08/22/9701105003
TY-ST-ZIP			3.4. CITY - ST - ZIP	****165.00 ****165.00
TLE		DELETE	4.1 TITLE	Change Addition
AME			4. 2 NAME	
STREET ADDRESS	*		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	\sim \sim
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZiP	UQ-00
TITLE		DELETE	6.1 TITLE	Change Addition
NAME .			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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.

64 CHY-ST-ZIP

Julia A Maida 8-17-97 (1224164)

8-12-97 Ta whom it may concern,