

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **L82175** (5)
1. Corporation Name
JORCAST, INC.

95 MAY -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **%JORGE E. CASTILLO
1921 N. 50 AVENUE
HOLLYWOOD FL 33021-4015**

Mailing Address: **%JORGE E. CASTILLO
1921 N. 50 AVENUE
HOLLYWOOD FL 33021-4015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created: **06/19/1990** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0220830** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.037 Florida Statutes: Yes No

2. Principal Place of Residence: **21** 2a. Mailing Address: **26**

State, Apt. #, etc.: **22** State, Apt. #, etc.: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**CASTILLO, JORGE E.
1921 N. 50 AVENUE
HOLLYWOOD FL 33021-4015**

10. Name and Address of New Registered Agent

81. Name: _____

82. Street Address (P.O. Box Number is Not Acceptable): _____

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: *Jorge E. Castillo*

12. OFFICERS AND DIRECTORS

12.1	NAME: D CASTILLO, JORGE E.
12.2	STREET ADDRESS: 1921 N. 50 AVE. HOLLYWOOD FL
12.3	CITY, STATE, ZIP: HOLLYWOOD FL 33021-4015
12.4	NAME: D CASTILLO, ELENA L.
12.5	STREET ADDRESS: 1921 N. 50 AVE. HOLLYWOOD FL
12.6	CITY, STATE, ZIP: HOLLYWOOD FL 33021-4015
12.7	NAME: _____
12.8	STREET ADDRESS: _____
12.9	CITY, STATE, ZIP: _____
12.10	NAME: _____
12.11	STREET ADDRESS: _____
12.12	CITY, STATE, ZIP: _____
12.13	NAME: _____
12.14	STREET ADDRESS: _____
12.15	CITY, STATE, ZIP: _____

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	2. NAME: _____	
13.3	3. STREET ADDRESS: _____	
13.4	4. CITY, STATE, ZIP: _____	
13.5	5. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	6. NAME: _____	
13.7	7. STREET ADDRESS: _____	
13.8	8. CITY, STATE, ZIP: _____	
13.9	9. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	10. NAME: _____	
13.11	11. STREET ADDRESS: _____	
13.12	12. CITY, STATE, ZIP: _____	
13.13	13. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	14. NAME: _____	
13.15	15. STREET ADDRESS: _____	
13.16	16. CITY, STATE, ZIP: _____	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(9)(b), Florida Statutes. Further, I 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 recipient of a transfer of securities, as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Jorge E. Castillo*
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 965-6199

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Northington
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # L82682 (0)

**1. Corporation Name
JOHN S. CARBONE, D.C., P.A.**

**Principal Place of Business Mailing Address
C/O JOHN S CARBONE
221 OSCEOLA VE
DAYTONA BEACH FL 32114**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **07/01/1990** 3a. Date of Last Report **05/01/1994**

**2. Principal Place of Business 2a. Mailing Address
21 State Apt # etc. 26 State Apt # etc.**

**4. FEI Number
59-3018460**
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 City & State 25 City & State 29 City & State 30 City & State

6. This corporation has liability for intangible tax under § 192.05, Florida Statutes. Yes No

**9. Name and Address of Current Registered Agent
CARBONE, JOHN S.
221 OSCEOLA AVE.
DAYTONA BEACH FL 32144**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 above named 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 _____

12. OFFICERS AND DIRECTORS

12-1 NAME	D CARBONE, JOHN S. 221 OSCEOLA AVENUE DAYTONA BEACH FL
12-2 NAME	
12-3 NAME	
12-4 NAME	
12-5 NAME	
12-6 NAME	
12-7 NAME	
12-8 NAME	
12-9 NAME	
12-10 NAME	
12-11 NAME	
12-12 NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13-1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 NAME	
13-3 NAME	
13-4 NAME	
13-5 NAME	
13-6 NAME	
13-7 NAME	
13-8 NAME	
13-9 NAME	
13-10 NAME	
13-11 NAME	
13-12 NAME	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and deemed equally for the corporation stated in Sections 199.02, 199.04, Florida Statutes. Further, I certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath that I am an officer or director of this corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE: _____ John S. Carbone 4/28/95 904 2573100
DIRECTOR