FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS

Apr 29 1998 8:00am Secretary of State

1. Corporatio	n Name	# L9347	8	(0)							
J. POS	SEL, INC	•									
	,							A HERBARAN AND HAND HAND BRAIN TO	en hant enern blût	I BODO SHAN BIS	I B
Principal Place of Business Malling Address										i Atoli Bish sisi	1 41411 (44)
27346 TIERRA DEL FUEGO 27346 TIERRA DEL FUEGO								Į			
PORT CHARL	OTTE FL 338	183	POF	RT CHARLOTTE FL 3	3983			DO NOT W	RITE IN THIS	SPACE	
								3. Date Incorporated or Qualifi	ed		
								08/07/1990			
2. Principal P	lace of Busin	ness	\vdash	2a. Mailing Address				4. FEI Number		— — — —	plied For
21	# ata	<u></u>	26	Suite, Apt. #, etc.				65-0210293			t Applicable
Suite, Apt.	W, BIC.		— —	27				6. Certificate of Status Desired	X	\$8.75 A	
City & Stat	e			City & State			6. Election Campaign Financin	<u> </u>	\$5.00		
23			28	}			Trust Fund Contribution	" D	Added	-	
Zip	Country			Zip				8. This corporation owes or ha	paid the cu	rent year Int	angible
24				29 30				Personal Property Tax due June 30. X Yes No			
		and Address of Curre	ent Register	red Agent	81	LN	me	10. Name and Address of New	Registered	Agent	
POSSEL, JOHN W.					81	INE	me	·			
		DEL FUEGO					eet Addre	ess (P.O. Box Number is Not Acce	otable)		
PU	HI CHARL	OTTE FL 33983			83	 					
					84					-T	
						Cit	У		FL	85 Zip i	Code
11. Pursuant	to the provis	ions of Sections 607.05	02 and 607	.1508, Florida Statut	es, the abov	re-nar	ned corp	oration submits this statement for t	ne purpose o	changing It	s registered
office of r agent. I a	registered aç ım familiar w	jent, or both, in the Sta ith, and accept the obli	te of Florida gations of, S	Such change was a Section 607.0505, Fi	authorized b orida Statute	y the is.	corporati	oration submits this statement for t ion's board of directors. I hereby a	cept the app	oointment as	registered
SIGNATURE							_				
40	Signature, typed	or printed name of registered a OFFICERS A		7.0		ent sign	ature require	ed when reinstating)	DATE AND	DIDECTOR	C IAI 40
12.	DP	OFFICE.65 A	IND DINECT	DELETE	13.			ADDITIONS/CHANGES TO O	FICERS AIN	Change	Addition
NAME	.	, JOHN W.			1.2 NAME					onango	
STREET ADORESS				1.3 STREET ADDRESS		ess					
CITY-ST-ZIP	E .	HARLOTTE FL			1.4 CITY-5	ST-ZIP					
TITLE	DS		-	☐ DELETE	2.1 TITLE					Change	Addition
NAME		., JACQUELINE N.		2.2 NAME							
STREET ADDRESS		TERRA DEL FUEGO		2.3 STREET ADDRESS		ESS					
CITY-ST-ZIP	PORT C	HARLOTTE FL		Chiere	2.4 DITY-	ST - ZIF	-			Character 1	A state =
TITLE				DELETE	3.1 TITLE		- 1	t	-	☐ Change	Addition
NAME Street address					3.2 NAME 3.3 STREET						
CITY-ST-ZIP					3.4. CITY -						
TIFLE				DELETE	4.1 TITLE	01-2H	 			Change	☐ Addition
NAME					4.2 NAME		İ			_ •	
STREET ADDRESS					4 3 STREET	T ADDA	ESS				
CITY-ST-ZIP					4.4 DETY-5	ST-ZIP					
TITLE		·		☐ DELETE	5.1 TITLE					Change	Addition
NAME					5.2 NAME		-				
STREET ADDRESS					5.3 STREET		ESS				
CITY-ST-ZIP				Dritze	5.4 CITY - 8	ST-ZIP	<u> </u>			0	A dalitica -
TITLE				DELETE	6.1 TITLE					Change	☐ Addition
NAME STREET ADDRESS					6.2 NAME						
STREET ADDRESS					63 STREET		.33				

14. I 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 bistoe empowered to execute this report as repaired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an architecture with an address.

SIGNATURE: