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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M47221 (0)

1. Corporation Name
JOKAY REALTY, INC.

Principal Place of Business
771 S.W. SOUTH RIVER DR. #104
STUART FL 34997

Mailing Address
771 S.W. SOUTH RIVER DR. #104
STUART FL 34997-3266



3. Date Incorporated or Qualified 02/25/1987
3a. Date of Last Report 03/11/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

4. FEI Number 65-0092250
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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

GOLDEN, JOHN D
771 S.W. SOUTH RIVER DR. #104
STUART FL 34997

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: [Signature] DATE: 1/28/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	
NAME	JOHNSON, MARGARET S.	1.2 NAME	
STREET ADDRESS	BENNETT ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ASHBY MA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	SPERO, STEPHEN W.	2.2 NAME	
STREET ADDRESS	LOWER WOODSIDE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRACKNEY PA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	GOLDEN, JOHN CHRISTOPHER	3.2 NAME	
STREET ADDRESS	14 RIDGE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	GOLDEN, PATRICIA ANN	4.2 NAME	
STREET ADDRESS	345 WEATHERBEE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: [Signature] DATE: 1/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 296-0491

CR2E034 (9/96)