

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/25/1987

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 65-0092250 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERO, STEPHEN W.	2.2 NAME	
STREET ADDRESS	LOWER WOODSIDE DRIVE	2.3 STREET ADDRESS	P.O. Box 103 P.O. Box Nobby Lake Road
CITY-ST-ZIP	BRACKNEY PA	2.4 CITY-ST-ZIP	BRACKNEY, PA 18812-0103
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, JOHN CHRISTOPHER	3.2 NAME	
STREET ADDRESS	14 RIDGE DRIVE	3.3 STREET ADDRESS	19 Oak Crest
CITY-ST-ZIP	MELVILLE NY	3.4 CITY-ST-ZIP	Huntington Station NY 11746
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, PATRICIA ANN	4.2 NAME	
STREET ADDRESS	345 WEATHERBEE ROAD	4.3 STREET ADDRESS	750 S.W. CLAWSON AVENUE
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP	Port St. Lucie FL 34953
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

Stephen W. Spero **STEPHEN W. SPERO** 2/6/98 217-613-2214

CR2E034 (1097)