


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90115 027 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000005562</b>					
1. Corporation Name <b>JOMAR FOUNDATION, INC.</b>					
Principal Place of Business <b>3255 BENEVA ROAD, APT 101</b> <b>SARASOTA FL 34232</b>			Mailing Address <b>P.O. BOX 15921</b> <b>SARASOTA FL 34277</b>		



2. Principal Place of Business 21 <b>3255-101 Beneva RD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 15921</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/25/1998</b>	
22 <b>SARASOTA FLORIDA</b> City & State		27 <b>SARASOTA FL</b> City & State		4. FEI Number <b>65-0869694</b>	
23 <b>34232 USA</b> Zip Country		28 <b>FLORIDA USA</b> Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <input type="checkbox"/> <b>25</b>		29 <input type="checkbox"/> <b>30</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>MAGPATOC, JOJI</b> <b>3255 BENEVA ROAD, APT 101</b> <b>SARASOTA FL 34232</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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 617.0503, Florida Statutes.

SIGNATURE JOJI MAGPATOC DATE April 20, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CHAIRMAN	<input type="checkbox"/> DELETE	1.1 TITLE	BOARD OF DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JOJI MAGPATOC		1.2 NAME	CURT CRAYPO			
STREET ADDRESS	3255 Beneva Rd SARASOTA		1.3 STREET ADDRESS	13808 PINWOOD LN OAK FORD			
CITY-ST-ZIP	FL 34232		1.4 CITY-ST-ZIP	SARASOTA FL 34240			
TITLE	VICE-CHAIRMAN / SECRETARY	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OFELIA APLICADOR		2.2 NAME				
STREET ADDRESS	P.O. BOX 40893		2.3 STREET ADDRESS				
CITY-ST-ZIP	PASADENA CA 91114		2.4 CITY-ST-ZIP				
TITLE	BOARD OF DIRECTOR	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VILMA CRISOLOGO		3.2 NAME				
STREET ADDRESS	35 BOBOLINK CT.		3.3 STREET ADDRESS				
CITY-ST-ZIP	WAYNE N.J.		3.4 CITY-ST-ZIP				
TITLE	TREASURER	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JERRY KWAPISZ		4.2 NAME				
STREET ADDRESS	3273 Beneva Rd		4.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232		4.4 CITY-ST-ZIP				
TITLE	BOARD OF DIRECTOR	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FR. ARTEMIO GALOS		5.2 NAME				
STREET ADDRESS	11433 BEACONFIELD ST		5.3 STREET ADDRESS				
CITY-ST-ZIP	DETROIT MI 48224		5.4 CITY-ST-ZIP				
TITLE	BOARD OF DIRECTOR	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAROL KNAHAN		6.2 NAME				
STREET ADDRESS	5527 ASHTON WAY		6.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOJI MAGPATOC DATE April 20, 1999 941-925-7931  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)