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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200001864 (7)

JOINT VENTURES, INC.

| Principal Place | e of Business | Mailing Address | Mailing Address | | | | | IFA EDIA EDA | | | |
|--|--|---|---------------------|--------------------|--------------|-----------|---|--------------|-----------------------------|---------------|--|
| 2431 N FEDER BOCA RATON | | 2431 N FEDERAL HWY. BOCA RATON FL 33431- | • | | | | | | | | |
| | | | | | | 3 | . Date Incorporated or Qualified 11/04/1992 | | ate of Last R 30/1996 | leport | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4 | , FEI Number | | | oplied For | |
| 21 | | 26 | 26 | | | | 65-0373035 | | No | ot Applicable | |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | , Certificate of Status Desired | | \$8.75 | Additional | |
| 22 | | 27 | | | | • | , Certificate of States Desired | | Fee Re | equired | |
| City & State | 9 | City & State | ··· ₁ | | | 6 | . Election Campaign Financing | _ | \$5.00 | May Be | |
| 23 | | 28 | | | | | Trust Fund Contribution | | | to Fees | |
| Zip 24 | Country 25 | 25 29 30 | | | | | | Yes [| □No | . 199.032, | |
| | g. Name and Address of Current | Registered Agent | | 81 | ····· | 10 | Name and Address of New R | tegistered | Agent | | |
| LUDWIG, DIANE A | | | | | Name | | | | | | |
| | 1 N FEDERAL HWY. CA RATON FL 33431 | | | 82 | Street | Address (| dress (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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | ls registered registered | | |
| SIGNATURE | Signature typicd or printed name of registered agent | Law All. Handlashin All | OTE Prefetore | | | | | DATE | | | |
| 12. | OFFICERS AND | | OTE Regislere | o Age | nt signature | | ADDITIONS/CHANGES TO OFF | |) DIRECTOR | 28 IN 12 | |
| TITLE | DPST | DELETE | 1.1 Title | | | | ADDITIONS/OTANGES TO OTT | IOLIIO MIL | Change | Addition | |
| NAME | LUDWIG, DIANE A | | | | 1.2 NAME | | | | • | | |
| STREET ADDRESS | 222 N FEDERAL HWY., S-204 | | 1.3 S | | T ADDRESS | | | | | | |
| CITY - ST - ZIP | DEERFIELD BCH. FL 33441 | | 1,4 0 | 1.4 City-ST-ZIP | | | | | | | |
| TITLE | D | DELETE | 2.1 TI | | | | | ······ | Change | ☐ Addition | |
| NAME | LUDWIG, WILLIAM E | | 2.2 N | AME | IE | | | | | | |
| STREEL ADDRESS | 222 N FEDERAL HWY., S-204 | 2. | | 2.3 STREET ADDRESS | | | | | | 1 | |
| CITY - ST - ZIP | DEERFIELD BCH. FL 33441 | | 2.40 | HTY-S | ST-ZIP | | | | | | |
| TOLE | | ☐ DELETE | 3.1 Ts | TLE | | | | | Change | Addition | |
| NAME | 3.2 N | | AME | | | | | | | | |
| STREET ADDRESS | 3.3 \$ | | TREET | ADDRESS | | | | | | | |
| CITY - ST - ZIP | 34 (| | | ITY-S | T-ZIP | | | | | | |
| TITLE | DELETE 4.1 T | | TLE | | | | | Change | Addition | | |
| NAME | | | 4, 2 N | IAME | | | | | | | |
| STREET ADDRESS | | | 4.3 S ¹ | TREET | ADDRESS | | | | | | |
| CITY-S1-ZIP | | ······· | | TY-S | 1-ZIP | | | | | | |
| TITLE | | DELETE | 5.1 TI | | | | | | Change | Addition | |
| NAME | | | 5.2 N | AME | | | | | | | |
| STREET ADDRESS | | | 5.3 \$1 | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | TY-S | T-ZIP | | | | | | |
| TITLE | | | | .1 TITLE | | | | | Change | L_ Addition | |
| NAME | | | 6.2 N | | | | | | | • | |
| STREET ADORESS | | | 6.3 ST | TREET | ADDRESS | | | | | | |

SIGNATURE:

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 chapted, or on an attachment with an address.

FILED

Feb 26 1997 8:00am

Secretary of State