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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200008759 (2)

A. JORDAN AWNINGS INC.

Principal Place of Business

Mailing Address

107 N.E. 25TH STREET MIAMI FL 33137

SIGNATURE:

107 N.E. 25TH STREET MIAMI FL 33137

FILED Apr 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

305 6727173

 Date Incorporated or Qualified 11/30/1992

2. Principal Place of Business				2a. Mailing Address						4. FEI Number	Ar	plied For	
21			2	26						65-0436790	No	t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional	
22				27						5. Certificate of Statos Desired	Fee Re	equired	
City & State				City & State						6. Election Campaign Financing	\$5.00	May Be	
23		2	28						Trust Fund Contribution	Added			
Zip		Country		Zip		Cou	intry	•		8. This corporation owes or has paid the curre	nt year Int	angible	
24 25 29 30						30	<u>, </u>			Personal Property Tax due June 30. Yes No			
g, Name and Address of Current Registered Agent										10. Name and Address of New Registered Ag	ent		
BURKE, RICHARD B								Name	1			1	
19 WEST FLAGLER ST.							82	Stree	Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE 1401													
MIAMI FL 33130							83						
							B4	City			85 Zip	Code	
								City		FL	ου ετρ.	5006	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at								-name	corpo	pration submits this statement for the purpose of c	hanging it	s 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	Signature, typed	or printed name of regis	lered agent and	itle if applica	olo. (NOTI	: Angistered	1 Age	nt signatu	re required	d when reinstating) DATE			
12.		OFFICE	RS AND DIF	ECTORS		13.				ADDITIONS/CHANGES TO OFFICERS AND D	IRECTOF	S IN 12	
TITLE	PD				DELÉTE	1.1 Tri	TLE				Change	Addition	
NAME	JORDAN					1.2 N/	AME					}	
STREET ADDRESS	107 N.E	. 25TH ST.			1.3 \$			ADDRESS					
CITY-ST-ZIP	MIAMI F		1.4 00	1.4 CITY - ST - 2IP					1				
TITLE	SVD				DELETE	2.1 (1)	TLE	*****	1	L	Change	☐ Addition	
NAME	JORDAN	I, RITA				2.2 NA	ME		-			1	
STREET ADDRESS	107 N.E	. 25TH ST.		2 3 ST			REET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33137					CITY-ST-ZIP		1			1		
TITLE				DELETE 3.1 TI					 		Change	Addition	
NAME						3.2 N/	ME						
STREET ADDRESS						3.3 S1	REET	ADDRESS	1			(
CITY-ST-ZIP								ST-ZIP	}				
TITLE					DELETE	4.1 (1)			1		Change	Addition	
NAME						4, 2 N	AME				•	- 1	
STREET ADDRESS								ADDRESS	1				
CITY-ST-ZIP						4.4 CI						1	
TITLE					DELETE	5.1 717			 -		Change	Addition	
NAME						5.2 NA				<u>. </u>			
STREET ADDRESS								ADDRESS	ĺ			{	
CITY-ST-ZIP						5.4 CF			1			}	
TITLE					DELETE	6111		1 - 211	 		Change	Addition	
NAME						62 NA			1				
STREET ADDRESS				,				ADDRESS				j	
						1			1				
CITY-ST-ZIP	ertify that th	e information supe	olied with thi	s filing do	es not quality fo	6.4 CI or the exe			ed in S	Section 119.07(3)(i), Florida Statutes. I further certif	v that the	information	
indicated officer or o	on this annu director of th	al report or suppli	emental ann he receiver (ual report or trustee	is true and acc empowered to e	urate and	d tha	at my si	gnature	e shall have the same legal effect as if made under ired by Chapter 607, Florida Statutes; and that my	r oath; tha	atlam an	