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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000080881 (4)

1. Corporation Name JO-DEN ENTERPRISES INC. Principal Place of Business 6583 NW FIRST ST MARGATE FL 33063 MARGATE FL 33063-5101								
					3. Date Incorporated or Qualified 11/18/1993	3a. Date of Last 04/29/1996	,	
2. Principal P	flace of Business	2a. Mailing Address 26			4. FEI Number 65-0447595	 	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional Required	
City & Stat	0	City & Stale			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip Th	Country	Zip	Counti	У	8. This corporation has fiability for in		s. 199.032,	
24	[25]		30			Yes No		
νΛι	9. Name and Address of Curren	registered Agent	8	I Name	10. Name and Address of New Reg	Istered Agent		
	INERT, CHARLES A 3 NW FIRST ST			TASTITIE				
	RGATE FL 33063		83	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
(MCA	TOMIE PE 30000		B:	3				
			B	4 City		FL 85 Zi	p Code	
office or r agent I a SIGNATUHE	registered agent, or both, in the State im fam har with, and accept the obliga Styrobre type, for pinner haire of representage	of Florida, Such change was at aborts of, Section 607.0505, Flor or and talle if applicable (NOTE	ithorized tida Statute	by the corpora	coration submits this statement for the pution's board of directors. I hereby accept red when reinstating:	t the appointment a	as registered	
12. TOLE	D OFFICE NO ANIL	OFFICERS AND DIRECTORS 13 D DELETE 1.1			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO		
NAME STREET ADORESS CREY-ST-ZIF	KOHNERT, JOSEPHINE 6593 NW 1ST ST MARGATE FL 33063	L. John C.	1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS		спапу	E AUGITOTI	
TITLE			2 1 TITLE			Change	Addition	
NAME	KOHNERT, CHARLES A		22 NAME					
STEEL ADORESS	6593 NW 1ST ST		2.3 STREI	ET ADDRESS				
C(1 Y - \$1 - Z)P	MARGATE FL 33063		2 4 City	-ST-ZIP				
TITLE	D	DELETE	3.1 TITLE			☐ Chang	Addition	
NAME	KOHNERT, DENISE		3 2 NAME					
STREET ADORESS	6202 ALAN RD		3 3 STREE	ET ADDRESS				
CBY+ \$1 - 20F	MARGATE FL 33063		3.4. CITY	-S1-ZIP				
Tritle	D	☐ DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Chang	Addition	
NAME	KOHNERT, CHARLES A JR		4 2 NAM	E				
\$16EET ADDRESS	6202 ALAN RD		4.3 STREI	FT ADDRESS			1	
CITY ST ZIF	MARGATE FL 33063		4.4 CITY-	··	**************************************			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	FT ADDRESS				

City-St-2iP

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 animal report or supplemental annual zeports true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an other or director of the compression of the compres

6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

HAR HARE OF SIGNING OFFICER OR DIRECTOR

DELETE

3/3/97 954.974.

Change

Addition

Mar 10 1997 8:00am

Secretary of State