FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 11 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # P94000014675

1. Corporation Name
JOANN DICKSON, INC

Principal Place of Business	Mailing Address
757 S.E 17th Street Suite 632 Ft Laud, FL 33316	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/21/94	3a. Date of Last Report: N/A
4. FEI Number: 65-0477493	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

	Principal Place of Business	Mailing Address
2. Principal Place of Business / 2a. Mailing Address	21 2641 SW 13 AVE #2	26 2641 SW 13 AVE
Suite, Apt. #, etc.	22 #2	27 #2
City & State	23 Ft LAUD, FL	28 Ft LAUD, FL
Zip / Country	24 33315 25 USA	29 33315 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOANN DICKSON 2641 SW 13 AVE #2 Ft LAUD FL 33315	81 Name: JOANN DICKSON 82 Street Address (P.O. Box Number is Not Acceptable): 2641 SW 13 AVE #2 83 84 City: Ft LAUD FL 85 Zip Code: 33315

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: JOANN DICKSON 6-26-95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	president / director JOANN DICKSON 757 SE 17 St Suite 632 Ft LAUD FL 33316	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	president / Director JOANN DICKSON 2641 SW 13 AVE #2 Ft LAUD FL 33315 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 7/11

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: JOANN DICKSON JOANN DICKSON 6-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #