

NON-PROFIT  
CORPORATION  
ANNUAL REPORT

1995



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

DOCUMENT # P94000019525 (2)

1. Corporation Name

JOVO INCORPORATED

Principal Place of Business

350 5TH AVE S  
#200  
NAPLES FL 33940

Mailing Address

350 5TH AVE S  
#200  
NAPLES FL 33940

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. # etc.

22

27

City, State

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9. Name and Address of Current Registered Agent

GUDRUN M. NICKEL, P.A.  
350 5TH AVE S  
#200  
NAPLES FL 33940

4. EIN Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Elect to pay annual Franchise Tax

\$5.00 May Be Added to Fees

7. Elect to pay quarterly Franchise Tax

No

10. Name and Address of New Registered Agent

81. Name

85. Zip Code

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 090.02 and 090.08, 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, in accordance with, and accept the application of, Section 090.09, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Name of Person Receiving Service of Process)

(Name of Person Receiving Service of Process)

12. OFFICERS AND DIRECTORS

13.  Change  Addition

NAME: PTD  
VOLGER, JOSEF  
STANGE 6/C I-39040 RATSCHEINS  
ITALY

1. NAME  
1. ADDRESS  
1. CITY ST. ZIP

NAME: VSD  
VOLGER, EGON  
STANGE 6/C I-39040 RATSCHEINS  
ITALY

2. NAME  
2. ADDRESS  
2. CITY ST. ZIP

NAME:   
STANGE 6/C I-39040  
ITALY

3. NAME  
3. ADDRESS  
3. CITY ST. ZIP

NAME:   
STANGE 6/C I-39040  
ITALY

4. NAME  
4. ADDRESS  
4. CITY ST. ZIP

NAME:   
STANGE 6/C I-39040  
ITALY

5. NAME  
5. ADDRESS  
5. CITY ST. ZIP

NAME:   
STANGE 6/C I-39040  
ITALY

6. NAME  
6. ADDRESS  
6. CITY ST. ZIP

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 090.08, 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 and force under law that it can an officer or director of the corporation or the record or trustee empowered to execute this report as required by Chapter 090, Florida Statutes, and that my signature appearing on block 12 of Block 1 of this report is in full agreement with all information contained herein.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIA E. JOSEPH (PTD)

APPROVED  
AND  
FILED

95 JUL 17 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/25/95-01097--011

\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

3a. Date Incorporated or Qualified  
03/09/1994

3b. Date of Last Report

CR2E034 12/95

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