

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

FILED
May 30 1997 8:00am
Secretary of State

PROFIT, CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000019525

1. Corporation Name
JOVO INCORPORATED

Principal Place of Business 350 Fifth Avenue S. #200 Naples, FL 33940	Mailing Address 350 Fifth Avenue S. #200 Naples, FL 33940
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3. Date Incorporated or Qualified 03/09/94	3a. Date of Last Report
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2. Principal Place of Business 21 1815 Vignes St. Suite, Apt. #, etc. 22 City & State 23 Lehigh Acres, FL Zip Country 24 33936 25	2a. Mailing Address 26 PO 1541 Suite, Apt. #, etc. 27 City & State 28 Lehigh Acres, FL Zip Country 29 33970 30	4. FEI Number 65-0477484 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

Gudrun M. Nickel, Esq.
350 Fifth Ave S. Suite 200
Naples, FL 33940

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

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

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	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Josef Volgger	12 NAME	
STREET ADDRESS	Stange 612	13 STREET ADDRESS	
CITY-ST-ZIP	I-39040 Ratschings, Italy	14 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Egon Volgger	22 NAME	
STREET ADDRESS	Stange 612	23 STREET ADDRESS	
CITY-ST-ZIP	I-39040 Ratschings, Italy	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.19.97

Date

Daytime Phone #

(941)
728-3312

CR2E034 (9/96)