FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	P94000072664	(3)
1 Corporation Name		

JON-MAR ENTERPRISES, INC.

Principal Place of Business Mailing Address					(#MII) Mis 1/0 (det) diata sana aduti ad	itil BBilt 1881A tihih Attıs antı alat 1881	
864 SWEETWATER ISLAND CIRCLE LONGWOOD FL 32779			864 SWEETWATER ISLAND CIRCLE LONGWOOD FL 32779				
						3. Date incorporated or Qualified 10/03/1994	a. Date of Last Report 04/20/1995
2. Principal Plac	ce of Business	2a. Mailing Add	ress			4. FEI Number NOT APPLICABLE	Applied For
21		26				NOT APPLICABLE	Not Applicable . \$8.75 Additional
Suite, Apt #	, etc.	Suite, Apt	t, etc.			5. Certificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to rees
Zip	Country	Zip	-	Country		8. This corporation has liability for intar Florida Statutes ☐ Yes ☐	
24	25	29		30		Florida Statutes Yes 10. Name and Address of New Regis	
	9. Name and Address of Currer	it Hegistered Ageni		81	Name	10. Name and Address of the trage	
DADDA	KOFF, MARC L			20	Charles Add	ress (P.O. Box Number is Not Acceptable)	
	I.E. MIAMI GARDENS DR.			82	Street Addi	ress (F.O. Box Nortiber is Not Acceptable)	
	FL 33180			83			
				84	City		FL 85 Zip Code
			1 0111	Line also so	and con	ration submits this statement for the purpos	e of changing its registered office
or registers	ed agent, or both, in the State of Flori	da. Such change wa	s authorized	the above noby the corpo	iamed corpo pration's boa	ration submits this statement to the purposed of directors. I hereby accept the appoint	ment as registered agent. I am
familiar with	h, and accept the obligations of, Sect	on 607.0505, Florida	a Statutes.				
SIGNATURE:	Signature, typed or pented reiner of rejectered agest	the little disease with	álóni.	Registered Ages	Escripture region	polistication and extra plants	()A*E
12.		D D-RECTORS		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D	D8	LETE	1.110.6			☐ Change ☐ Addition
NAME -	SINGER, JON			1.2 NAME			
STREET ADDRESS	864 SWEETWATER ISLAND	CIRCLE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779			1.4 CiTY - S	T - ZIP		Change Addition
TITLE	D DATE OF THE PARTY AND	□ D€	ii t. I t	2 1 TITLE	1		C Outride
NAME	SINGER, MARILYN 864 SWEETWATER ISLANI	CIDCI E		2.2 NAME 2.3 STREET	AMMORECC		
STREET ADDRESS	LONGWOOD FL 32779	OUNCLE		2.4 City - S			
CITY-ST-ZIP TITLE	LONGWOOD IL 32178		ELETE	3 1 TITLE	11-211		Change Addition
NAME				3.2 NAME			
STREET ADDRESS				33 STREE	LADORESS		
C(TY-ST-ZIP				3.4 Cify - S	1 - Z-P		
TITLE			ELETE	4 110116		00000170	☐ Change ☐ Addition
NAME				4.2 NAMÉ		00000178/ -04/18/960101	494U 2000
STREET ADDRESS				4.3 STREET		***200.00	cUU3
CITY-ST-ZIP		<u> </u>	CICTC	4.4 0017 - 5	SF-2IP	***************************************	Change Addition
TITLE		ال ا	ELETE	5 1 TITLE			
NAME				5.2 NAME 5.2 STREET	ADDRESS		
STREET ADDRESS				5.4 CITY - 5			
CITY-ST-ZIP			ELETE	6 1 HILF	5-715		☐ Change ☐ Addition
TITLE				6.2 NAME			
NAME				•	LADDRESS		
STREET ADDRESS	1			Garanice			

CITY-SI-ZIP

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 this corporation or the receiver or trustee enipowered 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:

SIGNATURE AND TOPE OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

H13/96 (4+7)862-12

CR2E034 (12/95)