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95 MAY -1 PM 2:06

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Mariani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000085762 (0)

1. Corporation Name
JORDAN HARROD, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**2433 NORTH FEDERAL HWY.
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		25		11/28/1994	
22		26		4. FEI Number	Applied For
23		27		65-0539785	Not Applicable
24		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		29		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		30		8. This corporation has liability for intangible tax under s. 199(3)(2), Florida Statutes	
27		31		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARATSI, GARY P 2433 NORTH FEDERAL HWY. BOCA RATON FL 33431				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607 (002) and 607 (198), Florida Statutes, the above named corporation submits the 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 (002), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARATSI, GARY P	2. NAME	
STREET ADDRESS	2433 N. FEDERAL HWY.	3. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33431	4. CITY, ST, ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARATSI, LOIS-LEE	6. NAME	
STREET ADDRESS	2433 N. FEDERAL HWY.	7. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33431	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 119(0)(004), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and as such and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the owner 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, as changed, above, or otherwise with an address.

SIGNATURE: *GARY P. HARATSI* **GARY P. HARATSI** 4-25-95 (401) 447-9444