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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000014278**1. Corporation Name

JOSS MARU LTD., INC.

Principal Place	of Business	Mailing Address	Mailing Address				•		
1440 JOHN F. I	KENNEDY CAUSEWAY	1440 JOHN F. KENNEDY	1440 JOHN F. KENNEDY CAUSEWAY						
STE 301		STE 301	· · · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS SPACE			
NORTH BAY VILLAGE FL 33141		NORTH BAY VILLAGE FL 33141				Date Incorporated or Qualifed			
			_			02/20/1995		***	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	\vdash	Applied For	
21		26				65-0559358		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
22		27				Required			
		City & State				6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		ed to Fees	
Zip	Country	Zip				8. This corporation owes the current year Inta	ngible Yes	□No	
24	[25]	29	30			Personal Property Tax. 10. Name and Address of New Registered A			
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered A	igent		
PIER	CE, CLIFFORD								
	JOHN F. KENNEDY CAUSEW	/AY		82	Street Ad	et Address (P.O. Box Number is Not Acceptable)			
STE		• • •	ŀ	83					
	TH BAY VILLAGE FL 33141			00					
1,01,	THE TOP I CONTINUE TO CONTINUE			84	City	FL	85 Zi	ip Code	
	6 Davidson CO7 O	500 4 507 1500 Florido State	utoo the el		named co	reporation submits this statement for the purpose of	hanging	its registered	
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was	autnonzed	י עם	the corpora	ation's board of directors. I hereby accept the appoin	tment as	registered	
agent. I ai	m familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statu	tes.	•				
SIGNATURE		(A)(A)	TC: Desistand	Amont	t alanatura ragu	ired when reinstating) DATE			
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	-vgei	I signature requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12	
TITLE	DPST	☐ DELETE	1.1 TIT	LÉ			Chang		
NAME			1.2 NA	ME					
STREET ADDRESS	AAAA JOHN E KENNIEDY OALOEWAY			REET	T ADDRESS				
CITY-ST-ZIP				1.4 CITY-ST-ZIP					
TITLE			2.1 111				Chang	ge Addition	
NAME	_		2.2 NA	2.2 NAME					
STREET ADDRESS			2.3 ST	REET	TADDRESS				
CITY-ST-ZIP			2. 4 CI	TY-S	ST-ZIP				
TITLE			3.1 TIT				Chang	ge	
NAME			3.2 NA	ME					
STREET ADDRESS			3 3 ST	REET	T ADDRESS				
CITY-ST-ZIP			3.4. CI	TY-S	;T-ZIP				
TITLE			4.1 TIT	4.1 TITLE			Chang	ge Addition	
NAME			4. 2 N/	ME	}				
STREET ADORESS			4.3 ST	REET	TADORESS				
CITY-ST-ZIP			4.4 CI		1				
TITLE		☐ DELETE	5.1 TIT				Chang	ge 🔲 Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	T ADDRESS				
			5.4 CI	Y-S1	T-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TIT				☐ Chang	ge Addition	
IIILE		_ 5000	62 NA					_	

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

14. I hereby certify that the information supplied with this filing 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 suppliemental 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, with all other like empowered.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90176 018 ***150.00