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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90051 029 \*\*\*158.75

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000022119

1. Corporation Name

JOROM, INC.

UDITOR	, 1140.				( FRANCIS IN THIS DUTY ARTH ARTH ARTH	Ha <b>na</b> ar <b>ana</b> ar <b>an</b> a ar <b>a</b>	1) 1(8) <b>6</b> (8) (3 <b>6 6</b> )
Principal Pla	ce of Business	Mailing Address			i stantan ing ibigi anti batti agin bant s		14 11010 ISH 1891
17280 BOCA	CLUB BLVD. STE. 2201	7491 N. FEDERAL HWY.					
BOCA RATON FL 33487 SUITE 282				DO NOT WOLTE IN THE OBACE		•	
BOCA RATON FL 33487 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
		US			1		
2. Principal Place of Business 2a. Mailing Address				03/17/1995 4. FEI Number App		pplied For	
——————————————————————————————————————							``
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.				<del> </del>	65-0570858		ot Applicable Additional
— · · · · · · · · · · · · · · · · · · ·					5. Certifcate of Status Desired	•	Required
22         27           City & State         City & State					a Floring Comming Figureian		
					6. Election Campaign Financing		May Be to Fees'
23 = = = = = = = = = = = = = = = = = = =	A CONTRACTOR OF THE CONTRACTOR		Country		This corporation owes the current year		W
24	25	29	30		Personal Property Tax.	Yes	<b>ZZ</b> No I
44	9. Name and Address of Current		[30]		10. Name and Address of New Register		<b>Z</b>
		Control of the contro	81	Name			
FIT	ZGERALD, JOANNE F	S. C. S. W. W.	82				
17280 BOCA CLUB BLVD. STE. 2201				Street Add	ress (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33487		83	<del>                                     </del>	18 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	* * * * * * * * * * * * * * * * * * * *	
•		•			in the state of th		
			84	City		85 Zip	Code
************				J	poration submits this statement for the purpose	<b>L</b>	
agent. I	am familiar with, and accept the obligati	ions of, Section 607.0505, F	lorida Statutes	i.	ion's board of directors. I hereby accept the ap		
+2	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
<b>12.</b> Ππ.Ε	PS OF TOLING AND	DELETE	1.1 TITLE			☐ Change	
NAME	FITZGERALD, G. R	ع، عدد کی	1.2 NAME				
	ATTOCK BOOK OLLID BLUD	101		TADORESS			
STREET ADDRESS	BOCA RATON FL	.01		1			
CITY-ST-ZIP		☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		Change	Addition
TITLE	VT LOANING C	Deceie				□ Change	- Addition
NAME	FITZGERALD, JOANNE F		2.2 NAME				
STREET ADDRESS		01		TADDRESS			
CITY-ST-ZIP	BOCA RATON FL	5" 1" 1"	2. 4 CITY-S	ST-ZIP			
TITLE STATE	atten operations a	□ DELETE	3.1/TTTLE→		<u></u>	Change	Addition.
NAME (1)			3.2 NAME				
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TITLE		☐ DELETE	4.1 TITLE		化二氯化甲基酚 医乙酰基甲基酚	Change	Addition
NAME.			4. 2 NAME				}
STREET ADDRESS	S		4.3 STREET	T ADDRESS	• •		
CITY-ST-ZIP	1		4.4 CITY-S	T-ZIP			, ,
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STREET ADDRESS						4.	
CITY-ST-ZIP	۳۱ م.		0.3 O I NEE	T ADDRESS		* -	
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	F. C. 1888 1 1 1 1 1	□ DELETE	5.4 CITY-S			Change	Addition
TITLE		DELETE	5.4 CITY-S 6.1 TΠLE			Change	Addition
NAME STREET ADDRESS	MARKED TO THE SER		5,4 CITY-S	T-ZIP		☐ Change	Addition

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 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 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.

6.4 CITY-ST-ZIP

F. Fitz Gerald 1/18/99 561997 2867