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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000023553 (7)

JO-JIO'S CLUB HOUSE, INC.

00 0.0	, 0 0000 1100000, 1110							
Principal Place of Business Mailing Address						T (BB)(BB) HE IBIBI BIHI BUHI BUHI BUHI	40 40	#)1#1 B11#4 (1)(19B1
3180 SOUTH UNIVERSITY DRIVE MIRAMAR FL 33025		3180 SOUTH UNIVERSITY DRIVE MIRAMAR FL 33025			Date Incorporated or Qualified	3a. Date of Last	Pagad	
						03/23/1995	Ja. Date of Last I	neport
2. Principal Plac	ce of Business	2a, Maiing Address	·			4. FEI Number		Applied For
21		26				65-0566444		Not Applicable
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
City & State		City & State				6. Election Campaign Financing	\$5.0	00 May Be
23	•	28				Trust Fund Contribution	Add	ied to Fees
Zφ	Country	Zip	Count	try		This corporation has liability for int Florida Statutes		s 199.032,
24	25 Name and Address of Currer	29 29 Agent	30			10. Name and Address of New Re	-	1.4
	g. Name and Address of Confe	it registered reguli	E	31	Name	,,,	·	
LIAWKI	NS, AMEETA			32	Street Addre	ess (P.O. Box Number is Not Acceptable	1	
	. UNIVERSITY DRIVE						·	
	AR FL 33025		{	83				
			1	84	City		FL 85	Zip Code
11 Pureuant to	the provisions of Sections 607.050	2 and 607.1508 Florida State	utes, the above	L e-na:	med corpora	ation submits this statement for the purp	ose of changing its	s registered office
or registere	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was author	rized by the co	orpor	ation's board	d of directors. Thereby accept the appoin	ntment as register	ed agent. I am
ŀ	· · · · · · · · · · · · · · · · · · ·							
SIGNATORE	Signature, typed or professional electric contents and electric co	Land tile i applicative	NOTE: Projected A	l _a pont s	agnature required		DATE DIDE C	TODG IN 12
12.	OFFICERS AN	ID DIRECTORS DELETE	13.		Т	ADDITIONS/CHANGES TO OFFICE	Chang	
TITLE NAME	D HAMPING AMEETA	L. J beter	1.2 NAM				<u></u>	_
STREET ADDRESS	HAWKINS, AMEETA 3180 S. UNIVERSITY DRIV	E			DDRESS			
CITY-S!-ZIP	MIRAMAR FL 33025	-	14 017	Y-S!-	- ZIP			
TITLE		☐ DELETE	2 1 liT	L F			☐ Chang	e 🔲 Addition
NAME			2.2 NAM	ME				
STREET ADDRESS					DDRESS	•		
CiTY-ST-ZIP		DELETE	24 CiT 3 1 TiT		- ZIF		ПСтапр	e Addition
TITLE NAME		L becch	3 2 NAI					
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP			3.4 CIT	Y - \$1	- ZIP			
TITLE		☐ DELETE	4 1 1) 1	i E			Chang	je 🔲 Addition
NAME			4.2 NA			20000180 -04/30/96010	10402	
STREET ADDRESS			1		ADORESS	***200,00	03~-003	
CITY-ST-ZIP		DELETE	4.4.0(T 5.1.1:1		- Z(t'	metou, ou	Chang	ge 🔲 Addition
NAME			5 2 NA				<u></u> ,	
STREET ADDRESS					ADDRESS		1	01.00
CITY-ST-ZIP			5 4 CIT				1129	ge Addition
TITLE		DELETÉ	6 1 71	TLF			T Dellang	ge 🗖 🔲 Addition
NAME			6 2 NA				ו יו	
STREET ADDRESS			6 3 \$1	HEFT A	ADDRESS			J

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE:

AMOSTA HAWKINS)
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytene Prione #

CR2E034 (12/95)