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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000072529 (7)

JOSH GROUP, INC.

## **FILED** Apr 14 1998 8:00am Secretary of State

Dalasta d Dis		M. Since Address			
,	e of Business	Mailing Address			
	NTE DRIVE STE 1009	400 SO. POINTE DRIVE MIAMI BEACH FL 3313		1	
MINMI DENOTITE 00109		MINIMI DENOTITE OUT	<b>J</b>	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
		and the proof of t	v	09/18/1995	
<u></u> ,	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant	# ato	<b>26</b>   Suite, Apt. #, etc.		65-0654588	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	comment year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	red Agent
	SH, MARY ANN		81 Name		
400 SO. POINTE DRIVE STE 1009			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIZ	AMI BEACH FL 33139				
			83		
			84 City		85 Zip Code
					FL 89 Zip code
11. Pursuant office or i	to the provisions of Sections 607.056 registered agent, or both, in the Stati	uz and 607.1508, Florida Stat e of Florida. Such change wa	utes, the above-hamed cor s authorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
agent. I a	ım familiar with, and accept the obliq	pations of, Section 607.0505,	Florida Statutes.		
SIGNATURE	Signature, typical or prioted name of registered ag	interestal standards Thi	(HE. Registered Agent signature requ	red when reinstaling) DA	1:
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOSH, MARY ANN		1.2 NAME		
STREET ADDRESS	400 SO. POINTE DRIVE STE	1009	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CHY-ST-ZIP		
TITLE	<b>S</b> T	DELETE	21 TITLE		Change Addition
NAME	JALOVEC, JENNIFER		2 2 NAME		
STREET ADDRESS	1200 N LAKE SHORE DR #3	05	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		2 4 CHY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34. DITY-ST-7IP	····	
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Therese	4.4 CHY-ST-ZIP		Change I dealers
TITLE		☐ DELETE	5.1 1/TLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Doller	5.4 City - St - ZiP		Change Addition
TITLE		☐ DELE <b>TE</b>	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_ST. 7IP			6.4 CITV - ST - ZIP		1

14. Thereby 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 n.