

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 # P95000079186

1. Corporation Name
JOSUN INC.

Principal Place of Business
5881 N.W. 57TH AVENUE.. SUITE 1
TAMARAC FL 33319

Mailing Address
5881 N.W. 57TH AVENUE.. SUITE 1
TAMARAC FL 33319

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/12/1995		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0635915	Applied For Not Applicable	
City & State 23	City & State 28	5. Certificate of Status Desired □	\$8.75 Additional Fee Required	
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution □	\$5.00 May Be Added to Fees	
Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No		
9. Name and Address of Current Registered Agent AMITIRIGALA, EDIRISINGHE M 1860 SW 68TH AVENUE STE 232 MIRAMAR FL 33023			10. Name and Address of New Registered Agent	
			81 Name	
			82 Street Address (P.O. Box Number is Not Acceptable)	
			83	
			84 City FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMITIRIGALA, EDIRISINGHE M		1.2 NAME	
STREET ADDRESS	5881 N.W. 57TH AVENUE., SUITE 1		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319		1.4 CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMITIRIGALA, JOSETTE M		2.2 NAME	
STREET ADDRESS	5881 N.W. 57TH AVENUE., SUITE 1		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319		2.4 CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNEY, IRVIN		3.2 NAME	
STREET ADDRESS	1800 NW 16TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311		3.4. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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.

SIGNATURE: x SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4-10-99 x (954) 720-0549
Date Daytime Phone #

CR2E034.1(1998)

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