

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

APPROVED  
AND  
FILED

95 JUN 30 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000094397 (3)  
1. Corporation Name  
JADDASONS, INC.

Principal Place of Business Mailing Address  
22025 SEASHORE CIRCLE ESTERO FL 33928

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 12/11/1995 3a. Date of Last Report  
4. FEI Number  Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CRANE, ALAN R ESQUIRE  
224 DATURA STREET  
SUITE 812  
WEST PALM BEACH FL 33401

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 of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JOHN DORRIAN	
13 STREET ADDRESS	22025 SEASHORE CIR.	
14 CITY-ST-ZIP	ESTERO FLA. 33928	
21 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DIANE DORRIAN	
23 STREET ADDRESS	22025 SEASHORE CIR.	
24 CITY-ST-ZIP	ESTERO FL 33928	
31 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	RICHARD DORRIAN	
33 STREET ADDRESS	22025 SEASHORE CIR.	
34 CITY-ST-ZIP	ESTERO FL 33928	
41 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JEFFREY DORRIAN	
43 STREET ADDRESS	9 MEMORIAL DR.	
44 CITY-ST-ZIP	EAST BRONSWICK, N.J. 08816	
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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\*\*\*\*225.00  \*\*\*\*225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN DORRIAN *John Dorian* 8/2/96 (941) 498-2033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)