

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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000095478 (0)**

1. Corporation Name
JOROST II, INC.



Principal Place of Business 11431 W. OAKLAND PARK BLVD SUNRISE FL 33323	Mailing Address 11431 W. OAKLAND PARK BLVD SUNRISE FL 33323-1465
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2. Principal Place of Business 21 12691 W. SUNRISE BLVD Suite, Apt. #, etc.		2a. Mailing Address 26 12691 W. SUNRISE BLVD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/01/1996	3a. Date of Last Report
22 City & State 23 SUNRISE FL		27 City & State 28 SUNRISE FL		4. FEI Number 65-0631288	Applied For Not Applicable
24 Zip 33323		25 Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29 Zip 33323		30 Country BROWARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CASTORO, FRANCIS X PA 2100 HOLLYWOOD BLVD. HOLLYWOOD FL 33020				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name ROSE DiPAOLA 82 Street Address (P.O. Box Number is Not Acceptable) 9352 NW 8th CIR. 83 PLANTATION 84 City FL 85 Zip Code 33324	
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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: *Rose DiPaola* DATE: **4-4-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPAOLA, ROSARIO	12 NAME	
STREET ADDRESS	9352 NW 8TH CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPAOLA, ROSARIA	22 NAME	
STREET ADDRESS	9352 NW 8TH CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Rose DiPaola* **ROSE DiPAOLA** DATE: **4-4-97** 9548450907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)