FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000005329 (3)**

1. Corporation Name
JOMAR DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
%ACCENT BUSINESS AND SECRETARIAL SERVICES 3010 S BABCOCK STREET MELBOURNE FL 32901	%ACCENT BUSINESS AND SECRETARIAL SERVICES 3010 S BABCOCK STREET MELBOURNE FL 32901-6923

2. Principal Place of Business	2a. Mailing Address
21 c/o LADY OF AMERICA	26 c/o LADY OF AMERICA
Suite, Apt. #, etc. 22 1549 PALM BAY Rd	Suite, Apt. #, etc. 27 1549 PALM BAY Rd
City & State 23 MELBOURNE FL	City & State 28 MELBOURNE FL
Zip 24 32901 Country 25 USA	Zip 29 32901 Country 30 USA

3. Date Incorporated or Qualified: 01/16/1996
3a. Date of Last Report:

4. FEI Number: 59-3365086 ☐ 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

BETOURNAY, PAUL R
%ACCENT BUSINESS AND SECRETARIAL SERVICES
3010 S BABCOCK STREET
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: RONALD DuPONTE
82 Street Address (P.O. Box Number is Not Acceptable): c/o LADY OF AMERICA
83 1549 PALM BAY Rd
84 City: MELBOURNE FL 85 Zip Code: 32901

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: X RONALD DuPonte (Signature, typed or printed name of registered agent and title if applicable) X Ronald DuPonte (NOTE: Registered Agent signature required when reinstating) X 4/21/97 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRICANO, JOSEPH 101 MAIN STREET, BOX Q PHILMONT NY 12565	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRICANO, MARYANN 101 MAIN STREET, BOX Q PHILMONT NY 12565	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: X [illegible] X [illegible]

CR2E034 (9/96)