

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000023302 (8)

1. Corporation Name
JOLLYAN INC.

FILED

97 SEP 11 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4119 N. STATE RD. 7
SUITE 8011
LAUDERDALE LAKES FL 33319

Mailing Address
4119 N. STATE RD. 7
SUITE 8011
LAUDERDALE LAKES FL 33319-4826

3. Date Incorporated or Qualified
03/11/1996

3a. Date of Last Report

2. Principal Place of Business
21 11151 NW 20 Dr
4119 N. STATE RD. 7

Suite, Apt. #, etc.

22 8011

City & State COVINGTON FL

23 LAUDERDALE LAKES FL

Zip 33071

24 33319

Country

25 1

2a. Mailing Address 11151 NW 20 Dr

26 4119 N. STATE RD. 7

Suite, Apt. #, etc.

27 8011

City & State COVINGTON FL

28 LAUDERDALE LAKES

Zip 33071

29 33319

Country

30 1

4. FEI Number
12-9648413

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

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-8843

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500002292335--8

83

-09/12/97--01130--014

84 City

****165.00

****165.00

FL

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BURFORD, LORRIMER A

STREET ADDRESS 844 E. 227TH ST.

CITY-ST-ZIP BRONX-NY 10466

TITLE D ☐ DELETE

NAME BURFORD, JOYETT P

STREET ADDRESS 844 E. 227TH ST.

CITY-ST-ZIP BRONX-NY 10466

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11151 NW 20 Dr
COVINGTON FL 33071

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11151 NW 20 Dr
COVINGTON FL 33071

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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

Burford

Lorimer A Burford 11151 NW 20 Dr COVINGTON FL 33071

CR2E034 (9/96)