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 # P9600023302

1. Corporation Name JOLLYAN INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90031 016 ***150.00



Principal Place	e of Business	Mailing Address			. I MANITARI CER INTER BRICE MARIE MATER MASIL	1 11886 tilan 15111 c	19149 1191 1881
2744 N.W. 91 ST AVE. 2744 N.W. 91 ST AVE. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualified 03/11/1996	<u>, , , , , , , , , , , , , , , , , , , </u>	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	_ Apr	plied For
21		26			12 -96484 13	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & Stat	e .	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•
Zip	Country 25	Zip Country		,	This corporation owes the current year In Personal Property Tax.		 □No
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
WOLFE, LARRY			82	Ctroot Ad	dress (P.O. Box Number is Not Acceptable)		
200-A JOHN KNOX ROAD			02	Sireel Au	latess (F.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32303-6643			83				
			<u> </u>	<u> </u>			
			84	City	FI	85 Zip C	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was auth	orized by	the corpora	progration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	of changing its sointment as req	registered gistered
SIGNATURE		AND Y Seekle MOTE- 7-		at sinceture rear	pired when reinstating) DATE		
40	Signature, typed or printed name of registered agent		13.	in signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE			1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME			1.2 NAME				_
				T ADDRESS			\
STREET ADDRESS							1
CITY-ST-ZIP TITLE			1.4 CITY-5 2.1 TITLE	51-ZJP		Change	☐ Addition
			2.2 NAME			ت ت	
NAME (BOTH OTE, 00 TETT 1		-	T + DDDDT00			
STREET ADDRESS				TADDRESS			ļ
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		☐ Change	Addition
TITLE	,	☐ DELETE	3.1 TITLE				
NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STREE	TADDRESS		.	
CITY-ST-ZIP	*		3.4. CITY-	ST-ZiP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition {

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.

. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

BURFORD

Change

Change

☐ Addition

☐ Addition