## 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 # P96000024675 1. Corporation Name

JORAY, INC.

## FILED Feb 12, 1999 8:00am Secretary of State

02-12-1999 90024 023 \*\*\*150.00

|--|

Principal Place of Business Mailing Address				( 1881/1881 110 Julio Bill) BB(I) BB(I) GB(I) (1817 BIE) BB(I) 10031 GIII	
335 NORTH RIDGEWOOD AVENUE 335 NORTH RIDGEWOOD AVEN					
EDGEWATER FL 32132 EDGEWATER FL 32132					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					03/20/1996
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21 26					59-3375773 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5 Certificate of Status Desired \$8.75 Additional
22 27					Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
		28	Zip Country		Trust Fund Contribution Added to Fees
Zip	Country	_ <b>├</b> ─ '		ıy	8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Current		30		Personal Property Tax.
	5. Name and Address of Current	r Neglateren Agent	8	1 Name	
LUK	OSAITIS, JUOZAS				
335 NORTH RIDGEWOOD AVENUE			8	2 Stree	t Address (P.O. Box Number is Not Acceptable)
EDG	EWATER FL 32132		8	3	
			L		
			8	4 City	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abo	ve-name	d corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or Joth, in the State of	of Florida, Such change was autions of Section 607 0505. Florida	horized b	y the coπ	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
		ZAS LUKOSAIT			2/2/54
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Ag	ent signature	required when reinstating) . DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LUKOSAITIS, JUOZAS		1.2 NAME	Ē	
STREET ADDRESS	335 NORTH RIDGEWOOD AVEN	IUE	1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32132		1,4 CiTY-	ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2. 4 CITY		, C.
TITLE	-	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAM		
STREET ADDRESS				ET ADDRESS	
C/TY-ST-ZIP		☐ DELETE	3.4. CITY		☐ Change ☐ Addition
TITLE		☐ nereie	4.1 TITLE		
NAME			4. 2 NAM		
STREET ADDRESS				ET ADDRESS	·
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-		Change Addition
		□ veceie	5.1 TITLE 5.2 NAME		
NAME STREET ADDRESS				Et address	
			5.4 CITY-		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			1	ET ADDRESS	
			6.4 CITY-		
CITY-ST-ZIP			0.7 01117		

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 changes, or plan attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 (904) 421-0400 thate Daytime Phone # CRZE034 (11/98)