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PROFIT CORPORATION . ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000063242 1. Corporation Name

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90020 026 ***150.00

	JIONO, INC.	:						
		·						
Principal Place	e of Business	Mailing Address					#11## 1117# 111	
400 NW 2ND AVE. #9 80 40 133432 800 BOCA RATON FL 33432								
*						DO NOT WRITE IN THIS	SPACE	
		•				3. Date Incorporated or Qualifed 07/29/1996		
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number		Applied For
21	• •	26				65-0686416		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Destrocate of Citato Desired		Required
City & Stat	ter	City & State	-			6. Election Campaign Financing		O May Be
23		28	- · · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		d to Fees
Zip	Country	<u></u> Zip ∠		untry		8. This corporation owes the current year In		
24	25	29	30			Personal Property Tax.	Yes	_XNo
	9. Name and Address of Curre	ent Registered Agent		81	Mana	10. Name and Address of New Registered	Agent	
EDIC	CKE, HOWARD			"	Name			1
	NW 2ND AVE. #9			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33432							
W. C. J. BOO	A RATON FL 33-82	, .		83				
•				84	City	THE PARTY FL	, 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the a	bove-	-named corp	poration submits this statement for the purpose of	changing	its registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	a of Florida. Such change was a	authorize	d by fi	he corporati	on's board of directors. I hereby accept the appo	intment as	registerea
		ations of cooler out tools, in				•		
SIGNATURE	Signature, typed or printed name of registered eg	ent and title if applicable. (NOTI	E: Registere	d Agent	signature require	ed when reinstating) DATE		
12.								
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
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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.

SIGNATURE:

Davime Phone #