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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000065572 (5)

JOZDA INC.

FILED	
Jan 28 1998 8:00an	1
Secretary of State	

Principal Place of Business Mailing Address									( 1001)001 110 (0110 01111 00111 00111 00111 00111 01101 01101 01101 01101 01101
S445 SOTH AVENUE N			8800 49TH STREET NORTH						
SUITE 406-3 ST PETERSBURG FL 33710			Suite 406-3 Pinellas Park Fl 34666						DO NOT WRITE IN THIS SPACE
US	110 12 00110		FIRECEND FARK FE 04000						3. Date Incorporated or Qualified
									08/05/1996
2. Principal Pl	ace of Busines	SS	2a.	2a. Mailing Address					4. FEI Number Applied For
21			26 5445 30th Avenue N				16	∍ N	<b>59-3394406</b> Not Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional
22			27	27					Fee Required
City & State			City & State						6. Election Campaign Financing \$5.00 May Be
23			28	St Pe	tersb			?L	Trust Fund Contribution
Zip	<u> </u>	Country	<u> </u>	Zip 3371	n	Country		JSA	8. This corporation owes or has paid the current year Intangible
24	28	5  nd Address of Current	29		30	ري	_		Personal Property Tax due June 30. Yes No
<b></b>	<del></del>	<del></del>	negis	nerea Agent		81	Т	Name	19. Name and Address of New Registered Agent
	ZEK, DANU					"		Name	
		NUE NORTH				82	Ι	Street Add	dress (P.O. Box Number is Not Acceptable)
SII	PETERSBUR	G FL 33/10				83	╀		
						"			
		·. •				84	Γ	City	FL 85 Zip Code
11, Pursuant to	n the provision	ns of Sections 607 0502	and 60	07 1508 Florida	Statutes	the shov		named corr	rporation submits this statement for the purpose of changing its registered
office or re	gistered ager	it, or both, in the State of	Floric	da. Such chang	e was auth	orized by	ÿ t	the corporat	ation's board of directors. I hereby accept the appointment as registered
i -	n raminar with,	, and accept the obligat	ions o	r, Section 607.0	505, FIORIA	a Statute	S.		
SIGNATURE	Signature, typed or	printed name of registered agent	and little	if applicable	(NOTE RE	epistered Age	eni	signature requir	uired when reinstating) DATE
12.		OFFICERS AND				13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P			DEL	ETÉ	1.1 TITLE			☐ Change ☐ Addition
NAME <b>SOCZEK, JOZEF</b>					1.2 NAME				
STREET ADDRESS 5445 30TH AVENUE NORTH				1.3 STREET ADDRESS			ΓAI	DORESS	
CITY-ST-ZIP	ST PETER	SBURG FL				1.4 CITY - 9	ST-	ZIP	
TITLE	VP			☐ DELI	ETĖ	2.1 TITLE			☐ Change ☐ Addition
NAME	SOCZEK, I					2.2 NAME			
STREET ADDRESS				2.3 \$7		2.3 STREET	A	DORESS	
CITY-ST-ZIP	ST PETER	SBURG FL				2. 4 CITY-	SŦ-	- ZIP	
TITLE				☐ DELI	ETE	3.1 TITLE			☐ Change ☐ Addition
NAME						3.2 NAME			
STREET ADORESS						3.3 STREET		Į	
CITY-ST-ZIP				I SEL		3.4. CITY-	ST-	- ZiP	
TITLE				☐ DELE	: I E	4.1 TITLE			☐ Change ☐ Addition
NAME						4. 2 NAME			
STREET ADDRESS						4.3 STREET			
CITY-ST-ZIP				☐ DELE	TE .	4.4 CITY - S	1-	ZIP	Donne Dissour
TITLE				L DELI	EI <b>C</b>	5.1 TITLE			☐ Change ☐ Addition
NAME STOREST ADDDCCC						5.2 NAME			
STREET ADDRESS						5.3 STREET			
CITY-ST-ZIP				☐ DELE	TC .	5.4 CITY-S	iT-	ZIP	Change C Addition
TITLE					-16	6.1 TITLE			☐ Change ☐ Addition
NAME CTREET ADDRESS						6.2 NAME		anne de	
STREET ADDRESS					ŀ	6.3 STREET			
CITY-ST-ZIP						64 CITY-S	1-	ZIP	

14. Thereby 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 suppliemental 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.

President 01/24/98