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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085713

1. Corporation Name

JOMANYSE & ASSOCIATES, INC.

Principal Place of Business	Mai
3031 NW 78TH AVE	3031
HOLLYWOOD FL 33024	HOU

May 06, 1999 8:00 am Secretary of State

05-06-1999 90203 045 ***150.00



Principal Place of Business Mailing Address					01 18191 BHILLIGH			
3031 NW 78TH AVE HOLLYWOOD FL 33024 HOLLYWOOD FL 33024				DO NOT WRITE IN TH	IS SPACE			
						3. Date Incorporated or Qualifed 10/15/1996		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21		26				65-0385 183	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Require			
City & State		27 City & State				6. Election Campaign Financing—	\$5.00	·May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country 25	Zip 29	Cou	ntry		 This corporation owes the current year in Personal Property Tax. 	ntangible [] Yes	□No
24	9. Name and Address of Current		1001			10. Name and Address of New Registere	d Agent	
IEAN	-Louis, Elizabeth K			81	Name			
	NW 78TH AVE			82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
HOLL	YWOOD FL 33024			83				
				84	City	F	85 Zip	Code
11 Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the a	bove-r	named corpo	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	registered egistered
office or re agent. I an	gistered agent, or both, in the State on familiar with, and accept the obligat	ions of, Section 607.0505, Fi	onda State	utes.				
office or re agent. I an SIGNATURE	n familiar with, and accept the obligat Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered	utes.		ad when reinstating) DATE		
office or re agent. I an SIGNATURE	n familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOT D DIRECTORS	E: Registered	Agent si			AND DIRECTO	ORS IN 12
office or reagent. I am SIGNATURE 12.	n familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOT	E: Registered	Agent si		ad when reinstating) DATE		
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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: