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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

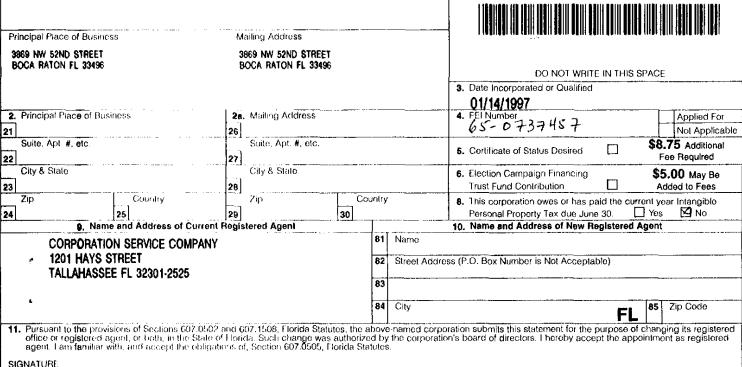
Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9700003872 (3)

JOVIA CORP.

Principal Place of Business	Mailing Address
3869 NW 52ND STREET	3869 NW 52ND \$
BOCA RATON FL 33496	BOCA RATON FL

FILED May 28 1998 8:00am Secretary of State



SIGNATURE (NOTE Registered Agent a greature required when reinstating) Signature, typed or printed name of registered agent and their applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition Ď TITLE 1.1 1111.1 BERRIS, JEFFREY NAME 1.2 NAME 3869 NW 52ND STREET STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE 2.1 TO LE ___ Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 51 TIME NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 8.1 TITLE name 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CI1 - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exe indicated on this annual report or supplience tal annual report is true and accurate and officer or director of the corporation or the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation. Block 12 or Block 13 if changed, or o

polion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same logal effect as if made under oath; that I am an s report as required by Chapter 607, Florida Statutes; and that my name appears in