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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B Morthem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020518 (1)

E. JOLYN, INC.

## FILED Apr 27 1998 8:00am Secretary of State

| L. 00L                     | 114: 1140:  |                                       |   |                    |       |                      | - PERIORA DE ROME PROFESANTE AND COMPLETON SERVE AND AND AND SURE MADE AND   |
|----------------------------|---|---------------------------------------|---|--------------------|-------|----------------------|--|
| 6                          |   | 44.11                                 |   |                    |       |                      |  |
| Principal Plac             |   | Mailing Ad                            |   |                    |       |                      |  |
| 11485 OAKHI<br>Largo FL 33 | JRST ROAD #1100-111                               |                                       | 11485 OAKHURST ROAD #1100-111<br>LARGO FL 33774 |                    |       |                      |  |
| CAROU IL SA                | SHIOS IE WITH                                     |                                       | 24100 TE 49774                                  |                    |       |                      | DO NOT WRITE IN THIS SPACE   |
|                            |   |                                       |   |                    |       |                      | 3. Date Incorporated or Qualified  |
|                            |   |                                       | <del></del>                                     |                    |       | ···                  | 02/28/1997   |
|                            | Place of Business                                 | 2a. Mailing                           | Address   |                    |       |                      | 4. FEI Number Applied For  |
| 21                         | N -2  | 26                                    |   |                    |       |                      | Not Applicable   |
| Sulte, Apt.                | #, etc.   |                                       | Suite, Apt. #, etc.                             |                    |       |                      | 5. Certificate of Status Desired \$8.75 Additional Fee Required  |
| City & Stat                | la la   | 27 City & S                           | Stato   |                    |       |                      |  |
| <u> </u>                   |   | 28                                    | Siale   |                    |       |                      | 6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees   |
| Zip                        | Country   |                                       | Zip Country                                     |                    |       |                      | 8. This corporation owes or has paid the current year Intangible   |
| 24                         | 25  | 29                                    | T <sub>2</sub>                                  | 30                 | ,     |                      | Personal Property Tax due June 30.  Yes No   |
|                            | 9. Name and Address of Curre                      |                                       |   |                    |       |                      | 10. Name and Address of New Registered Agent   |
| PF                         | OTENHAUER, ELIZABETH I                            |                                       |   |                    | 81    | Name                 |  |
|                            | 485 OAKHURST ROAD #1100-1                         | 11                                    |   | -                  | 62    | Street Addr          | ress (P.O. Box Number is Not Acceptable)   |
|                            | RGO FL 33774                                      | ••                                    |   | 1                  | -     | Slide! Addit         | ess (I.O. DOX Number is Not Acceptable)  |
| _                          |   |                                       |   | Ī                  | 83    |                      |  |
|                            |   |                                       |   | -                  | 84    | City                 | 85 Zip Code  |
|                            |   |                                       |   | [                  | -     | City                 | FL 85 Zip Code   |
| 11. Pursuant               | to the provisions of Sections 607.050             | 02 and 607.1508,                      | Florida Statute:                                | s, the ab          | ove   | -named corp          | poration submits this statement for the purpose of changing its registered<br>tion's board of directors. I hereby accept the appointment as registered |
| agent. I a                 | am familiar with, and accept the oblig            | ations of Section                     | 607.05 <b>0</b> 5, Flor                         | ida Statu          | ites. | ine corporad         | nors board or directors, Thereby accept the appointment as registered  |
| SIGNATURE                  |   |                                       |   |                    |       |                      |  |
|                            | Signature, typed or printed name of registered ag |                                       | (NOIE   |                    | Ager  | nt signature require | red when reinstating) DATE   |
| 12.                        |   | ID DIRECTORS                          | DELETE  | 13.                |       |                      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                      | D DECEMBER OF SUBARETIE                           | •                                     | T DETEKE  | 1.1 THT            |       | ļ                    | Change Addition  |
| NAME                       | PFOTENHAUER, ELIZABETH                            |                                       |   | 1.2 NA             |       |                      |  |
| STREET ADDRESS             | 11485 OAKHURST ROAD #1                            | 100-111                               |   |                    |       | ADDRÉSS              |  |
| CITY-ST-ZIP<br>TITLE       | LARGO FL 33774                                    |                                       | DELETE  | 1.4 CIT<br>2.1 TIT |       | - ZIP                | Change Addition  |
| NAME                       | CADAVID, LYNDA M                                  | '                                     | prerie  | 2.1 HI             |       |                      | Citalife T Applatol  |
| STREET ADDRESS             | 147-20 34TH AVENUE                                |                                       |   |                    |       | ADDRESS              |  |
|                            | FLUSHING NY 11354                                 |                                       |   |                    |       | 1                    | •  |
| CITY-ST-ZIP<br>TITLE       | D   |                                       | DELETE  | 2. 4 CIT           |       | 1-ZIP                | Change Addition  |
| NAME                       | MURTHA, JOSEPH                                    | •                                     |   | 3 2 NA             |       |                      |  |
| STREET ADDRESS             | 147-20 34TH AVENUE                                |                                       |   |                    |       | ADDRESS              |  |
| CITY-ST-ZIP                | FLUSHING NY 11354                                 |                                       |   | 3.4. CiT           | Y-S1  | T-7/P                |  |
| TITLE                      |   | · · · · · · · · · · · · · · · · · · · | DELETE  | 4.1 TITI           |       |                      | Change Addition  |
| NAME                       |   |                                       |   | 4. 2 NA            | ME    | }                    | i<br>I   |
| STREET ADDRESS             |   |                                       |   | 4.3 STR            | EET A | ADDRESS              |  |
| CITY+ST-ZIP                |   |                                       |   | 4.4 CIT            |       |                      |  |
| TITLE                      |   |                                       | DELETE  | 5.1 TIT            |       |                      | Change Addition  |
| NAME                       |   |                                       |   | 5.2 NA             | ИE    |                      |  |
| STREET ADDRESS             |   |                                       |   | 5.3 STR            | EET A | ADDRESS              |  |
| CITY-ST-ZIP                |   |                                       |   | 5.4 CIT            | Y-ST  | -ZIP                 |  |
| TITLE                      |   |                                       | DELETE  | 6.1 TiTl           |       |                      | Change Addition  |
| NAME                       |   |                                       |   | 6.2 NA             | ИE    |                      |  |
| STREET ADDRESS             |   |                                       |   | 6.3 STA            | EET A | ADDRESS              |  |
| CITY-ST-ZIP                | _   |                                       |   | 6.4 CIT            | Y-S1  | - ZIP                |  |

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 13 if changed, or on an akachiment with an address.

CALLANETH & POTENIA