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

PROFIT **CORPORATION** ANNUAL REPORT



Secretary of State

	NUAL REPORT Secretary of State 1998 DIVISION OF CORPOR				v. ,	Secretary of State			
	MENT # P9700								
SOJOU	IRN DEVELOPMENT, INC.								
Principal Plac	e of Business	Mailing Address							
P.O. BOX 1442 P.O. BOX 1442									
AUBURNDALE FL 33823 AUBURNDALE FL 33823						DO NOT W	RITE IN THIS S	SPACE	
						3. Date Incorporated or Qualit			
						07/14/1997			
2. Principal Place of Business 2s. Mailing Address						4. FEI JUMPEDI IKO	GIR		plied For
21 26 Suite, Apt. #, etc. Suite, Apt.			atc.			HIT PION	/ 	\$8.75	ot Applicable
22		27				5. Certificate of Status Desired	d D	Fee Re	
City & State	е	City & State				6. Election Campaign Financia		\$5.00	
23 Zip	Country	28	Coun	ntrv	·	Trust Fund Contribution 8. This corporation owes or ha	as poid the cur	Added	
24	25 29 30					Personal Property Tax due	· ·		No
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	w Registered /	Agent	
	FER, ELIOT J]'	B1 Name)				J
3974 WOODCOCK DR., STE. 100				32 Street	Addres	ss (P.O. Box Number is Not Acce	eptable)		
) JACKSONVILLE FL 32207									
· / •								Teel 7:0	3-4-
£,							FL	85 Zip (Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was au	ithorized	hy the car	d corpor	ration submits this statement for n's board of directors. I hereby a	the purpose of	changing it ointment as	s registered registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statu	tes.					5
SIGNATURE	Signature, typed or printed harno of registered ag	ont and title if applicable (NOTE I	Registered .	Agent signatur	e required	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO C	OFFICERS AND		
TITLE	D ALLOS OF OFFICE A CO	☐ DELETE	1.1 TITE					☐ Change	☐ Addition
NAME	11110001, 021121111			1.2 NAME 1.3 STREET ADDRESS		105 COUNTRY C. INTER HAVEN, F	LUB RA	O. N.	
STREET ADDRESS CITY+ST-ZIP	AUBURNDALE FL 33823			tet auuress (-ST-ZIP	111	WITE P. HALLON E	7 338	روا	1
TITLE	D	DELETE	2.1 TITL		W	INTER HAVEN, F	<u> </u>	Change	Addition
NAME	STANISLAUS, MARCELA E		2.2 NAN	ΛE	ر. ا		- 04		
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS		Wen POXI, FC	TA DR		
CITY-ST-ZIP TITLE				2.4 City-St-zip		wen voci, rc	23151	Change	Addition
NAME		C Meete	3.2 NAM			•		C. Change	Addition
STREET ADDRESS				EET ADDRESS					İ
CRY-ST-ZIP			3.4. CIT	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL	E				Change	☐ Addition
NAME			4.2 NAM						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS	1				
TITLE		DELETE	5.1 TITL	'-ST-ZIP E	 			Change	☐ Addition
NAME		_	5.2 NAM		1	1 , 1		•	
STREET ADDRESS			5.3 STR	eet address		1 2/1/00			ľ
CITY-ST-ZIP		T1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		-ST-ZIP	14	W 2/11/5'8			1440
TITLE		☐ DELETE	6.1 TITE			0000024	5843	Change	Addition
NAME Street Address			6.2 NAM	ie Eet address	1	-03/11/980:	tõo5o3	=	ľ
CITY-ST-ZIP	· ·		B.	'-ST-ZIP		***150.00	_		Ì

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, of on an attachment with an address.

SIGNATURE:

FILED

Mar 11 1998 8:00am