

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90027 001 ***550.70

DOCUMENT # **P97000067145** ✓

1. Corporation Name
JOHANDI CORP.

Principal Place of Business
**13693 RIVOLI DR.
PALM BEACH GARDENS FL 33410**

Mailing Address
**13693 RIVOLI DR.
PALM BEACH GARDENS FL 33410**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2840 LE BATEAU DR
Suite, Apt. #, etc.
City & State
PALM BEACH GARDENS, FL
Zip
33410 Country
USA

2a. Mailing Address
2840 LE BATEAU DR
Suite, Apt. #, etc.
City & State
PALM BEACH GARDENS, FL
Zip
33410 Country
USA

3. Date Incorporated or Qualified
08/04/1997

4. FEI Number
APPLIED FOR 65-0814164 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BAROVICK, RICHARD L
13693 RIVOLI DR.
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name
BAROVICK, RICHARD L.

82 Street Address (P.O. Box Number is Not Acceptable)
2840 LE BATEAU DR.

83

84 City
PALM BEACH GARDENS FL 85 Zip Code
33410

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	BAROVICK, RICHARD L	13693 RIVOLI DR	PALM BEACH GARDENS FL 33410	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRES	BAROVICK, RICHARD L.	2840 LE BATEAU DRIVE	PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE

[Signature]

[Signature] July 1, 1999 (561) 775-5923

CR2E034 (5/99)