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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700068411

1. Corporation		300-11					
THE JOSI	HUA GROUP, INC.						
					£ (\$865)\$86 (18 1831) (884) 867)) 861(4 881) 861(4	E ANDA (BUI) EURA III	11/   1   12
- 7		Mailing Address		<del></del>		<b>4 1</b> 41 <b>0</b> 1 1 <b>3</b> 114 <b>3480</b> 1 14	<b>18</b> 1 (1 <b>8</b> 1 ( <b>181</b> )
13171 ATLANTIC BLVD. 13171 ATLANTIC BLVD. SUITE 100 SUITE 100							
SUITE 100  JACKSONVILLE FL 32225  JACKSONVILLE FL 32225					DO NOT WRITE IN THIS SPACE		
PROTOGRAM TE VILLE					3. Date Incorporated or Qualifed		
					08/06/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	plied For
21 26		26			59-3461571		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
27						Fee Re	<del></del>
City & State	e	<b>⊢</b> ¬ '	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23		28			Trust Fund Contribution		o rees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible Yes	XNo
24	25		30		Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Currer	nt Registered Agent	81	Name	TU. Name and Address of New Register	ad Agent	
DEC	STER, WILLIAM P JR.		(*)				
13171 ATLANTIC BLVD.			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
SUITE 100			83				
JACKSONVILLE FL 32225			63				
UNONSOTTAILLE I E SEEZS			84 City			85 Zip C	Code
		100 Ft. 11 Other	44 - 25			of changing its	registered
office or r	to the provisions of Sections 607.05t registered agent, or both, in the State Im familiar with, and accept the obliga	of Florida, Such change was au	inonzea by	tne corporati	ion's board of directors. I hereby accept the ap	pointment as re-	gistered
agent. ( a	im tamiliar with, and accept the obliga	mons or, Section 607.0505, Flori	ua Statutes	•	•		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Agen	it signature requir	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P DELETE		1.1 TITLE			Change	Addition
NAME	REGISTER, WILLIAM P JR.		1.2 NAME				
STREET ADDRESS	STREET ADDRESS 13171 ATLANTIC BLVD., SUITE 100		1.3 STREET ADDRESS				ļ
City-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-S	T-ZIP	<u></u>		
TITLE		DELETE 2.13			•	Change	Addition \
NAME	22 N		2.2 NAME	[			ļ
STREET ADDRESS	DORESS		2.3 STREET ADDRESS				-
CITY-ST-ZIP			2.4 CITY-9	ST-ZIP			
TITLE		☐ DELETE	31 TITLE			Change	☐ Addition
NAME		32					
STREET ADDRESS	IDRESS		3.3 STREE	T ADDRESS			[
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		C] 05	(T) 8 44:61a-
πιε		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS	icos.		4.3 STREE	T ADDRESS		•	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-S	T-ZIP		Change	☐ Addition
TITLE	_		5.1 TITLE			□ change	ן מטטוטטא ניין
NAME	{		5.2 NAME				
STREET ADDRESS	:			TADDRESS			
CITY-ST-ZIP	·		5.4 CITY-S	T-ZIP		Change	☐ Addition
TITLE	E		6.1 TITLE			□ cuanĝe	
NAME.			6.2 NAME				
CADELL VIUDESC	·I		6.3 STREE	TADORESS			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 two 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 ecceiver 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 an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90134 001 \*\*\*150.00