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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074742 (2)

JOHNSON PARTNERS RESEARCH INTERNATIONAL, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							FILEN	DON 1811 LOUIS SERIA EDISO DO	HI OBIFF BANK ING	II OLBUL IDDUL BIBE	# INDI INDI
4180 NORTH	WEST 7TH LANE	4160 NORTHWEST 7TH LANE									
DELRAY BEACH FL 33445			DELRAY BEACH FL 33445				1	DO NOT WRITE IN THIS SPACE			
							3. Date In	corporated or Qualif	ied		
							08/28	3/1997			
	Place of Business	•	2a. Mailing Address				4. FEI Nu	mber	¬ /		plied For
21 Cuito Ant	# 010		Suite, Apt. #, etc.				105	07779	<u> </u>	\$8.75 A	t Applicable
Suite, Apt. #, etc 22			27				5. Certific	ate of Status Desired	: 🗆	Fee Re	
City & State			City & State			6. Election	n Campaign Financir	ng	\$5.00	May Be	
23			28				und Contribution	<u> </u>	Added to		
Zip	Country		Zip Country			8. This corporation owes or has paid the current year Intangible					
24	25	(Add (C)	29	34	0			al Property Tax due and Address of Ner			No No
	•	Address of Current									
AMERILAWYER CHARTERED 343 ALMERIA AVENUE 81 Name 62 82 Street Addre							BUZ		NSON	<u> </u>	
343 ALMERIA AVENUE CORAL GABLES FL 33134						Street Add		Number is Not Acce	eptable)		
"	UNAL GABLES	rL 33134			83						
					84	City				85 Zip C	^orde
					••	City 72	RAY	BEACH	FL	- 832	ŶŶŢ
11. Pursuan	t to the provisions	ts this statement for	the purpose o	of changing its	s registered						
office or registered agent, or both, in the State of Fiorida. 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent.											
SIGNATURE	10_/	2Blan		1/24	198						
12.	Signature, typed or pr	of FICERS AND	and title if applicable	, (NOTE F	Registered Ager	nt signature requi	red when reinstating) DNS/CHANGES TO C	DEFICERS AN	D DIRECTOR	S IN 12
TITLE	PTD	OF TOP NO AND		DELETE	1.1 TITLE		7.001110	710/01//11/02/01/01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	JOHNSON,	GENE			1.2 NAME						
STREET ADDRESS				1.3 STREET ADDRESS							
CITY-ST-ZIP	DELRAY BE	ACH FL 33445			1.4 CITY-ST	- ZIP					
TITLE	SVD			DELETE	2.1 TITLE					Change	Addition
NAME	JOHNSON,				2.2 NAME						
STREET ADDRESS 4160 NORTHWEST 7TH LANE					2.3 STREET ADORESS						
CITY-ST-ZIP TITLE	DELRAY BE	ACH FL 33445	_	DELETE	2.4 CITY - ST 3.1 TITLE	T-ZIP				Change	Addition
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TITLE	-			DELETE	4.1 TITLE					☐ Change	Addition
NAME					4. 2 NAME						
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TITLE				DELETE	5.1 TITLE					Change	☐ Addition
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STREET ADDRESS	5				5.3 STREET						j
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY-ST 6.1 TITLE	- ZIP				Change	Addition
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NAME STREET ADDRESS	.]				6.3 STREET	ADDRESS					
CITY-ST-ZIP					6.4 CITY-ST-ZIP						
DIT-31-28	_1				0.7 0111731	··					

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 added