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 # P97000079093 1. Corporation Name JOANNE HOLDINGS, INC. Principal Place of Business Mailing Address									
						4 (88)(88) (\$8 18)((\$88))	, 76:11 86:11 88(() \$4()) (#186 (11) 188)
17606 LEE AVE 17606 LEE AVE						·			
REDINGTON SHORES FL 33708 REDINGTON SHORES FL 3370				108			, 		
							WRITE IN TH	IS SPACE	
						3. Date incorporated or Qu 09/11/1997	aired		
Principal Place of Business 2a. Mailing Address			ddress			4. FEI Number		<u> </u>	olied For
1		26				<u>59-3472405</u> .			Applicable
Suite, Apt. #, etc.			. #, etc.			5. Certifcate of Status Des	ired 🗆	\$8.75 A Fee Red	
22 27 27 27 27 27 27 27 27 27 27 27 27 2						. 5. 6 0 1 5			·
City & Stat	e	— ·	City & State			6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees			
Zin Country			Zip Cour			This corporation owes the current year Intangible			
Zip	Country	29	30	n ´		Personal Property Tax.	ic current year I		□No
24	9. Name and Address of Cur			''		10. Name and Address of	New Registere		=
	3. Harrie and Addidas of Gar			81	Name				
GRE	enberg, Joanne								
17606 LEE AVE REDINGTON SHORES FL 33708				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
				83					
						<u> </u>			
				84	City	,	F	85 Zip C	ode
SIGNATURE	m familiar with, and accept the ob					od when reinstating).	DATE		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES	O OFFICERS		
TITLE	PSD		DELETE	1.1 TITLE				. Change	☐ Addition
NAME	GREENBERG, JOANNE			1.2 NAME		•	•		
STREET ADDRESS	17606 LEE AVE			1.3 STREE	TADDRESS				
CITY-ST-ZIP	REDINGTON SHORES FL 33			1.4 CITY-S	T-ZIP				
TITLE) DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME				2.2 NAME		•			1
STREET ADDRESS				2.3 STREE	T ADDRESS		•		
CITY-ST-ZIP				2. 4 CITY-S	ST- ZiP		<u> </u>	(T) ()	C Addition
TITLE		L	DELETE	3.1 TITLE		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	. •	Change	☐ Addition
NAME				3.2 NAME					
STREET ADDRESS					TADORESS				
CITY-ST-ZIP			l nevere	3.4. CITY-S	ST-ZIP			Change	Addition
TITLE		L.] DELETE	4.1 TITLE				Change	
NAME				4. 2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP	<u> </u>		DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP			Change	Addition
TITLE			JULLLIC	5.1 IIILE		•			
NAME					T ADDRESS				
STREET ADDRESS				54 CITY-S					
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE				Change	Addition
		_		6.2 NAME				_ •	
NAME STREET ADDRESS					T ADDRESS	·			
NIRER LADORESS									

CITY-ST-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 armual 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:X

STREET ADDRESS

813-536 1921