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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name: P97000097036

JOELI INVESTMENTS Inc.

Principal Place of Business	Mailing Address
6169 Masters Blvd. Orlando Florida 32819	6169 Masters Blvd. Orlando Florida 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21	26 6169 Masters Blvd.	157-40-8971	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Orlando Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 32819 / County 30 Orange	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

COOPER, MARK O
200 EAST ROBINSON STREET
SUITE 865
ORLANDO FL 32819

10. Name and Address of New Registered Agent

31 Name: Jan A. Saunders
32 Street Address (P.O. Box Number is Not Acceptable): 6169 Masters Blvd.
34 City: Orlando
35 State: FL Zip Code: 32819

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Jan Saunders — 4/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Jan Saunders	1.2 NAME	
STREET ADDRESS	6169 Masters Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando Florida 32819	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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] — 4/30/98 — 407-876-4766