

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 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90010 038 \*\*\*550.00

DOCUMENT # **P98000005899**

Corporation Name  
**JOSEVA ENTERPRISES, INC.**



Principal Place of Business  
**9256 REDBERRY COURT  
BOCA RATON FL 33498**

Mailing Address  
**19256 REDBERRY COURT  
BOCA RATON FL 33498**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/20/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>05-0855914</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

I, 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, 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	
12.1	<b>D</b> <input type="checkbox"/> DELETE <b>MCFLICKER, H</b> <b>19256 REDBERRY COURT</b> <b>BOCA RATON FL 33498</b>	13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	<input type="checkbox"/> DELETE	13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3	<input type="checkbox"/> DELETE	13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4	<input type="checkbox"/> DELETE	13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5	<input type="checkbox"/> DELETE	13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6	<input type="checkbox"/> DELETE	13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7	<input type="checkbox"/> DELETE	13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8	<input type="checkbox"/> DELETE	13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9	<input type="checkbox"/> DELETE	13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10	<input type="checkbox"/> DELETE	13.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11	<input type="checkbox"/> DELETE	13.11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12	<input type="checkbox"/> DELETE	13.12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13	<input type="checkbox"/> DELETE	13.13	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14	<input type="checkbox"/> DELETE	13.14	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15	<input type="checkbox"/> DELETE	13.15	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16	<input type="checkbox"/> DELETE	13.16	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17	<input type="checkbox"/> DELETE	13.17	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18	<input type="checkbox"/> DELETE	13.18	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19	<input type="checkbox"/> DELETE	13.19	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20	<input type="checkbox"/> DELETE	13.20	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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/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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)