

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

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90021 021 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000015007

1. Corporation Name
JO-RE, INC.



Principal Place of Business
 P.O. BOX 1881
 DELRAY BEACH FL 33447-1881

Mailing Address
 P.O. BOX 1881
 DELRAY BEACH FL 33447-1881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/16/1998

4. FEI Number
65-0812688

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~COLEMAN, ANTHONY JR.
 6194 NORTH FEDERAL HIGHWAY
 BOCA RATON FL 33487~~

81 Name **OTT JOHN**
 82 Street Address (P.O. Box Number is Not Acceptable) **828 NORTH LAKE AVENUE**
 83 **APT #5**
 84 City **DELRAY BEACH FL** 85 Zip Code **33483**

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 *John M. Ott*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 2-3-99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D. REED	<input checked="" type="checkbox"/> DELETE
NAME	ST. JOHN, REED	
STREET ADDRESS	P.O. BOX 1881	
CITY-ST-ZIP	DELRAY BEACH FL 33447-1881	
TITLE	D. OTT	<input type="checkbox"/> DELETE
NAME	OTT, JOHN	
STREET ADDRESS	P.O. BOX 1881	
CITY-ST-ZIP	DELRAY BEACH FL 33447-1881	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE: *John M. Ott*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-3-99 (561) 445-0080
 Date Daytime Phone #

CR2E034 (1/98)