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 # P98000015317

1. Corporation Name

JORDAN ASSOCIATES, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90078 006 ***150.00



L.—	<u></u>								
Principal Place of Business Mailing Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
150 E PALMETTO PARK RD. SUITE 514 BOCA RATON FL 33432 150 E PALMETTO PARK RD BOCA RATON FL 33432					514		DO NOT WRITE IN THIS SP	'ACE	
							Date Incorporated or Qualifed 02/16/1998		
Principal Place of Business 2a. Mailing Address 26							4. FEI Number Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State 23 2							6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	29	Zîp	Cou 30	ntry		8. This corporation owes the current year Intang Personal Property Tax.		□No
24	9. Name and Address of Currer		tered Agent	[30]	_		10. Name and Address of New Registered Age		
	s. Name and Address of Curren	it ixegis	tered Agent		81	Name	IV. Hallo and Hadreso of New Hogisterou Age		
JORI	DAN, DIANNE								
150 E PALMETTO PARK RD, SUITE 514 BOCA RATON FL 33432					82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	1 .								
					84	1	FL]	85 Zip (
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	a. Such change was a	uthorized	by	the corporat	poration submits this statement for the purpose of chation's board of directors. I hereby accept the appointm	inging its ent as re	registered gistered
SIGNATURE	A STATE OF THE STA								
	Signature, typed or printed name of registered age			<u> </u>	Agen	nt signature requir	red when reinstating) DATE		
12.	OFFICERS AN	ID DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO Change	R\$ IN 12
TMLE	D DANIE		□ DELETE	1.1-TII		<u></u>] Glange	L) Addition
NAME JORDAN, DIANNE					1.2 NAME				
STREET ADDRESS	150 E PALMETTO PARK RD, S	OHE 2	14	1.3 ST	REET	ADDRESS			ì
C/TY-ST-ZiP	BOCA RATON FL 33432			1.4 CI		T- ZIP		10	(T) Addition
TITLE			☐ DELETE	2.1 TII			L] Change	Addition
NAME				2.2 NA					ļ
STREET ADDRESS	•			_ 2.3 ST	REET	ADDRESS			1
CITY-ST-ZIP	<u></u>			2.4 CI		T-ZIP		7.05	Addition
TITLE			☐ D£LETE	3.1 TI			L] Change	L Addition [
NAME				3.2 NA					
STREET ADDRESS						ADDRESS			}
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NAME				4. 2 N					
STREET ADDRESS				4.3 ST	REET	FADDRESS			ļ
CITY-ST-ZIP				4.4 CI		T- ZIP	<u></u>	7.01	
TITLE			☐ DELETE	5.1 111			L] Change	Addition
NAME				5.2 NA					}
STREET ADDRESS				4		ADDRESS			
CITY-ST-ZIP				5.4 CI		T- ZIP			
TITLE			☐ DELETE	6.1 117] Change	☐ Addition
NAME				6.2 NA		{			
STREET ADDRESS				6.3 ST	REET	ADDRESS			}
CITY ST 7ID	i			6.4 C/I	Y-81	r-ziP			1

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 ampowered 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:

SIGNATURE RECERED