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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90200 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000047288

1. Corporation Name
JOVACOR, INC.



Principal Place of Business

9689 105TH AVENUE
LARGO FL 33773

Mailing Address

9689 105TH AVENUE
LARGO FL 33773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

57-3510667

Applied For

Not Applicable

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

2. Principal Place of Business

21 7226 2ND AVE. N.

2a. Mailing Address

26 P.O. Box 3237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG, FL

City & State

28 SEMINOLE, FL

Zip

Country

Zip

Country

24 33710 25 USA

29 33775 30 USA

9. Name and Address of Current Registered Agent

VAN AUKEN, JOEL
9689 105TH AVENUE
LARGO FL 33773

10. Name and Address of New Registered Agent

81 Name

VAN AUKEN, JOEL

82 Street Address (P.O. Box Number is Not Acceptable)

7226 2ND AVE. N.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33710

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VAN AUKEN, JOEL
STREET ADDRESS 9689 105TH AVENUE
CITY-ST-ZIP LARGO FL 33773

TITLE VD
NAME VAN AUKEN, CORIE
STREET ADDRESS 9689 105TH AVENUE
CITY-ST-ZIP LARGO FL 33773

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME VAN AUKEN, JOEL
1.3 STREET ADDRESS 7226 2ND AVE. N.
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

2.1 TITLE VD
2.2 NAME VAN AUKEN, CORIE
2.3 STREET ADDRESS 7226 2ND AVE. N.
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

727-346-0002

Daytime Phone #

CR2E034 (11/98)