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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # S06350

(0)

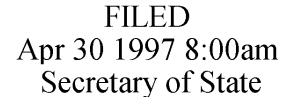
JOVANTE CORPORATION

| | 1 | ` |
|--|---|---|
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| | | |

| Principal | Place of | Business |
|-----------|----------|----------|

Mailing Address

206 LYNDHURST COURT LONGWOOD FL 32779 206 LYNDHURST COURT LONGWOOD FL 32779-4574





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|--|--|---|-------------------------------------|---|---|---------------------------------------|--|--|
| | | | | | 3. Date Incorporated or Qualified 10/17/1990 | 3a. Date of Last Report 06/14/1996 | | |
| — '' | Place of Business | 28. Mailing Address | | | 4. FEI Number | Applied Fo | | |
| 21 | | 26 | | | 59-3036875 | Not Applie | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Addition Fee Required | | |
| City & Stat | е | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 3 | | 28 | | | Trust Fund Contribution | Added to Fees | | |
| Zip | Country | Zip | Count | ry | 8. This corporation has liability for | | | |
| 4 | 25 | 29 | 30 | | | ŶYes □ No | | |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Ro | egistered Agent | | |
| | RET, STEVEN MICHAEL | | 8 | 1 Name | | | | |
| 501 | N.MAGNOLIA AVE. | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUN | TE A | | | | | , | | |
| | ANDO FL 32801 | | 8 | 3 | | | | |
| | | | 8 | A City | | or Zin Contr | | |
| | | | 8 | 4 City | | FL 85 Zip Code | | |
| office or r agent. I a SIGNATURE | registered agent, or both, in the State im familiar with, and accept the obliga | of Florida. Such change wations of, Section 607.0505, | as authorized t , Florida Statut | by the corpora es. | poration submits this statement for the tion's board of directors. I hereby acce | pt the appointment as register | | |
| | Signature, typed or printed name of registered ager | | | gent signature requ | ired when reinstating) | DATE | | |
| 12. TITLE | OFFICERS AND | DELETE | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 | | |
| | D DAY BADDADA | ∐.btttlt | 1.1 701.6 | 1 | | □1 Cusude □ ¥0 | | |
| NAME | GRAY, BARBARA | | 1.2 NAMI | 1 | | | | |
| STREET ADDRESS | 206 LYNDHURST COURT | | | FT ADDRESS | | | | |
| CITY-ST-ZIP | LONGWOOD FL | | 1,4 CITY | | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | ☐ Change ☐ Ad | | |
| NAME : | GRAY, JERRY | | 2.2 NAMI | £ [| | | | |
| STREET ADDRESS | 206 LYNDHURST COURT | | 2.3 STRE | F1 ADDRESS | ¢. | | | |
| CITY-ST-ZIP | LONGWOOD FL | | 2. 4 CITY | -S1-ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change Ad | | |
| NAME | | | 3.2 NAMI | F | | | | |
| STREET ADDRESS | | • | 3.3 STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY | -ST-ZIP | | | | |
| TITLE | | ☐ DELE1E | 4.1 TITLE | | | Change Ad | | |
| NAME | | | 4. 2 NAM | YE . | | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY | -\$1-ZIP | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change Ad | | |
| NAME . | | | 5.2 NAMI | 1 | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY | 1 - | • . | | | |
| TITLE | 4. | DELETE | 6.1 TITLE | · | | Change Ad | | |
| NAME | | | 6.2 NAM | 1 | | | | |
| STREET ADDRESS | | | B | 1 | | | | |
| CITY-ST-ZIP | | | | E1 ADDRESS | | | | |
| 1317-51-712 | 1 | | 6.4 CITY | - ST-7IP 1 | | | | |

4. I do 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 i) changed, or on an attachment with an address.

CIONATURE.

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