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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S08323

1. Corporation Name

JODON DESIGN COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address	
3234 ELLA LANE NEW PORT RICHEY FL 34655 US	P.O BOX 984 Elfers Fl 34680 Us	

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90035 016 ***150.00

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Principal Place	e of Business	Ma	illing Address							
3234 ELLA LAN NEW PORT RIC			BOX 984 ERS FL 34680							
US US							DO NOT WRIT	E IN THIS	SPACE	
							3. Date Incorporated or Qualifed 10/22/1990			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			Applied For
21		26					59-3037409			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		_		5. Certifcate of Status Desired		7	5 Additional Required
22		27	Cib. 9 Cioba		<u></u>					
City & Stat	le ·		City & State				6. Election Campaign Financing Trust Fund Contribution			IO May Be ed to Fees
Zip	Country	28	Zip	Count	trv		8. This corporation owes the curre	ent veer Inte		
24	. 25	29		30	.,		Personal Property Tax.	on year me	Yes	□No
	9. Name and Address of Cu		tered Agent	130			10. Name and Address of New R	egistered /		
		<u> </u>	-	18	81	Name				
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3234	FELLA LANE			18	82	Street Addre	ess (P.O. Box Number is Not Accepta	DIE)		-
NEW	V PORT RICHEY FL 34655			8	B3			, Ta .		
				8	B4	City		FL	85 Z	ip Code
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office of r agent. I a SIGNATURE	ım familiar with, and accept the o	bligations of,	Section 607.0505, Flo	rida Statuti	es.	he corporation	on's board of directors. I hereby accep			
agent. I a SIGNATURE	im familiar with, and accept the ol Signature, typed or printed name of registere	bligations of,	Section 607.0505, Florapplicable. (NOTE	rida Statuti	es.	he corporation	d when reinstating)	DATE		
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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 suppliemental finual 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: