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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT #



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90016 002 \*\*\*150.00



1. Corporation Name JOKIM, INC. Principal Place of Business Mailing Address 3755C SOUTH NOVA RD. 3755C SOUTH NOVA RD.

PORT ORANGE FL 32119 PORT ORANGE FL 32119 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed <u>01/22/1991</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 59-3050063 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible □No 24 25 30 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ORNSTEIN, LESLIE Street Address (P.O. Box Number is Not Acceptable) 766 SANDY HILL CIRLCE PORT ORANGE FL 32127 83 84 City Zip Code 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 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition **PST** NAME ORNSTEIN, LESLIE 12 NAME STREET ADDRESS 766 SANDY HILL CIR. 1.3 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIF 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-\$T-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE TITLE 5 1 TITLE Change ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE ☐ Change Addition πιε 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 trusted 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 open attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-761-6583

CR2E034 (11/98)