

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S69418** (9)

1. Corporation Name
JOMAT, INC.



Principal Place of Business: **333B GULFVIEW BLVD. CLEARWATER FL 34630**
Mailing Address: **333B GULFVIEW BLVD. CLEARWATER FL 34630**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified: **07/30/1991**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **59-3078973**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**SCHROEDER, DEAN E
333B GULFVIEW BLVD S
CLEARWATER FL 34630**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0302 and 607.1504, Florida Statutes, the above named corporation certifies 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, DEAN F.	2. NAME	
STREET ADDRESS	333B GULFVIEW BLVD	3. STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	4. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY- ST- ZIP		9. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	10. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY- ST- ZIP		12. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY- ST- ZIP		15. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY- ST- ZIP		18. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 and that I am aware of the consequences of false or untrue information provided to create this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or removed, including my title and address.

SIGNATURE: *Dean E Schroeder* **4-8-96** **441-3572**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)