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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S83826

(5)

1. Corporation Name JOSOZO (3)								
JASSY REAL ESTATE INVESTMENTS, INC.						E (MA) (A) A LIGI DE SYNEL EASTA (LALE ASTA DYALE BLOSS BEATE AFRICADO).		
Principal Place of Business Mailing Address							- I HOOSIAND OOK IRISD STIRL SOUND HOUR DIT STRIN DIDIN DIDIN BOOK BININ BIRIN 1807	
895 TURTLE COURT 895 TURTLE COURT								
NAPLES FL 34108 NAPLES FL 39965 3-4 US				100			DO NOT WRITE IN THIS SPACE	
00		43					3. Date Incorporated or Qualified	
						09/30/1991		
2. Principal Place of Bus	2a. Mailing	2a. Mailing Address				4. FEI Number Applied For	╗	
21	26	_ 				65-0295429 Not Applicable	<u>-</u>	
Suite, Apt. #, etc.	,	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		27 City & State						
23	— ´	28				6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	<u> </u>	Count	try		8. This corporation owes or has paid the current year Intangible	7
24	25 29 30		30			Personal Property Tax due June 30. Yes No		
Name and Address of Current Registered Agent							10, Name and Address of New Registered Agent	\Box
JASSY, JOH	N D.			8	17 1	Name		
895 TURTLE				2	Street Addre	dress (P.O. Box Number is Not Acceptable)		
NAPLES FL 34108					3			_
				"	3			
				8	84 City		FL 85 Zip Code	7
								┨.
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 bott), 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 yeth and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE							1/5/55	
	ed at priviled name of registere		e. (NOTE;		gent	signature required	d when reinstating) DATE	ارًا آ
12.	CAPICERS	AND DIRECTORS	DELETE	13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	$\exists i$
				1.2 NAME			County August	
	JRTLE CT.			1.3 STRE		DDRESS		9
	MIDIEC EL			•	1,4 CITY-ST-ZIP			5
TITLE			2.1 TITLE			Change Addition	급	
NAME	2.2			2.2 NAM	Ε			
STREET ADDRESS				2.3 STRE	ET AD	DDRESS	* 1 □	
CITY-ST-ZIP				2. 4 CITY	2. 4 CITY-ST-ZIP			
TITLE				3.1 TITLE	3.1 TITLE		Change Addition	
NAME	l T			8	3.2 NAME			
STREET ADDRESS					3.3 STREET ADDRESS			1
CITY-ST-ZIP					- ST-	- ZIP	AL.	4
TITLE					4.1 TITLE		Change Addition	
NAME STREET ADDRESS	1 ***				4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP				1	4.4 CITY-ST-ZIP			
TITLE	DELETE 5.17					ZIF .	Change Addition	\exists
NAME			,	5.2 NAME				

14. 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 of 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 chapters, or or an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STATURE REQUIRED

DELETE

1/5/98

941 592.0192

___ Change

Addition

FILED

Feb 05 1998 8:00am

Secretary of State

CH2E034 (10/97)