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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

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Jan 28 1997 8:00am

Secretary of State

561/368-7769

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # V25649** 

JADEN VENTURES, INC.

CITY - ST - ZIP

appears in Block 12 or E

SIGNATURE:

Principal Place of Business Mailing Address 1355 WEST PALMETTO PARK ROAD, SUITE 340 1355 WEST PALMETTO PARK ROAD, SUITE 340 BOCA RATION FL 33486 **BOCA RATON FL 33486-3303** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0362887 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιο Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Yes No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DORAK, MARY E C/O COMPUKEEPER INC. Street Address (P.O. Box Number is Not Acceptable) 82 1580 N.W. 2ND AVE, STE. 1 83 **BOCA RATON FL 33432** 84 City 85 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, typical or printed name of registered agent and title if applicable (NOT€. Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE TELLE 1.1 TITLE ☐ Change Addition ARNEY, J. ALPHA NAME 1.2 NAME 1901 NO. CONFERENCE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33486** City-St-ZiP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition DERFLER, LINNEA 2.2 NAME 1901 NO. CONFERENCE DRIVE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33488** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 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 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this thing 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