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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V38436**

1. Corporation Name

JOIMO, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

Mailing Address Principal Place of Business 340 ROYAL POINCIANA PLAZA 340 ROYAL POINCIANA PLAZA PALM BEACH FL PALM BEACH FL

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90088 026 ***158.75



DO NOT WRITE IN THIS SPACE

М

Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Not Applicable

3 Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

05/22/1992 4. FEI Number

65-0338367

23		28						Trust Fund	Contribution	, · · · · ·	Added	to Fees	
Zip	Country		Zip		Country					he current year Int		W	
24	25	29		30					roperty Tax.		Yes	No	
	9. Name and Address of Current	Regi	stered Agent					0. Name and	Address of	New Registered	Agent		
	and the same of th				81	Name							
SHELTON, JOHN W. 340 ROYAL POINCIANA PLAZA PALM BEACH FL						82 Street Address (P.O. Box Number is Not Acceptable)							
PALI	I DEACH FL				83								
					84	City				FL	85 Zip	Code	
			007 4500 FI-34- 04-6	-4 4L			Loomoroi	ion cubmite th	in etatement		changing i	ts registered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of n familiar with, and accept the obligation	f Flori	ida. Such change was	autnon	zea ov	the corpo	oration's	board of direc	tors. I hereb	y accept the appoi	ntment as	registered	
SIGNATURE			- Marian - M	T. Daniet	·	t eignaturs re	required uch	en reinstating)	_	DATE			
42	Signature, typed or printed name of registered agent OFFICERS AND				ered Agen	t asgriation of the	rodoneo wir		VCHANGES	TO OFFICERS A	ND DIBECT	FORS IN 12	
12.	DP	, DIK	DELETE	_	.1 TITLE		T			<u> </u>	Change		
TITLE	SABOL! CRAIG	·			2 NAME		CAT	3E.L.			•		
NAME ***	2325 INTERSTATE AVE					ADDRESS	-						
STREET ADDRESS				- 1									
CITY-ST-ZIP	GRAND JUNCTION CO 81505		☐ DELETE	_	4 CITY-SI	-ZIP	1				Change	e 🗍 Additio	
TITLE	DV			- 1			ļ						
NAME	VARECHA, PAUL			- 1	.2 NAME								
STREET ADDRESS	2325 INTERSTATE AVE			1		ADDRESS	'						
CITY-ST-ZIP	GRAND JUNCTION CO 81505		□ pereze		.4 CITY-S	T-ZIP	-				Chang	e	
TITLE	ST		☐ DELETE		.1 TITLE						_; onang		
NAME	VARECHA, DEBBIE				.2 NAME								
STREET ADDRESS	2325 INTERSTATE AVE		•	3	.3 STREET	ADDRESS	·						
CITY-ST-ZIP	GRAND JUNCTION CO 81505		en	_	.4. CITY-S						Chess		
TITLE		<u> </u>	☐ DELELE	4	ATITLE .		-	- · ·			Chang	e	
NAME	,			4	. 2 NAME	;	·						
STREET ADDRESS				4	.3 STREET	ADDRESS	•						
CITY-ST-ZIP				4	4 CITY-S	T-ZIP	<u> </u>				-1 A.		
TITLE			☐ DELETE		.1 TITLE		1				Chang	e 🗌 Additi	
NAME				5	2 NAME								
STREET ADDRESS	·			5	.3 STREET	ADDRESS	3						
CITY-ST-ZIP					4 CITY-S	T- ZIP							
TITLE	·		☐ DELETE	6	1 TITLE						☐ Chang	e 🗌 Additi	
NAME	•			6	.2 NAME								
STREET ADDRESS				6	.3 STREET	ADDRESS	3						
CITY-ST-ZIP					.4 CITY-S								
14. I hereby o	certify that the information supplied with	1 this	filing does not qualify f	or the	exempt	on stated	ed in Sec	tion 119.07(3)	(i), Florida St	atutes. I further ce	rtify that th	e information	

officer or director of the corporation or the receiver or trustee empowered to execute this report as a 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.