

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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V41406** (2)  
1. Corporation Name  
**JOLYNNE ENTERPRISES, INC.**



Principal Place of Business <b>5801 14 ST WEST SUITE D BRADENTON FL 34207 US</b>	Mailing Address <b>1009 23RD ST. SARASOTA FL 34234 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1009 23RD ST.</b> Suite, Apt. #, etc. 22 City & State 23 <b>SARASOTA, FL</b> Zip 24 <b>34234</b> Country 25 <b>USA</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>06/04/1992</b>	4. FEI Number <b>65-0344813</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**LYNNE D BRALY  
5801 14 ST WEST  
SUITE D  
BRADENTON FL 34207**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>1009 23RD ST.</b>
83	84 City <b>SARASOTA</b> FL 85 Zip Code <b>34234</b>

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 *Lynne D. Braly*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1-22-98**

12. OFFICERS AND DIRECTORS	
TITLE	ST <input type="checkbox"/> DELETE
NAME	<b>BRALY, LYNNE D.</b>
STREET ADDRESS	<b>1009 23RD STREET</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	DP <input type="checkbox"/> DELETE
NAME	<b>BRALY, JOE</b>
STREET ADDRESS	<b>1009 23RD STREET</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 changed, or on an attachment with an address.

SIGNATURE: *Lynne D. Braly* **LYNNE D. BRALY** 1-22-98 941-365-7608

CR2E034 (10/97)