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**Feb 03 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # V59884 (9)
1. Corporation Name
JOVAN DEVELOPMENT CO.



Principal Place of Business: **P.O. BOX 561062
ROCKLEDGE FL 32956-1062
US**
Mailing Address: **P.O. BOX 561062
ROCKLEDGE FL 32956-1062
US**

3. Date Incorporated or Qualified: **08/24/1992**
3a. Date of Last Report: **04/26/1996**
4. FEI Number: **59-3138911**
Applied For: Not Applicable
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

2. Principal Place of Business: **21**
Suite, Apt #, etc.: **22**
City & State: **23 TAMARAC FL**
Zip: **24 33321-5186** Country: **25 US**
2a. Mailing Address: **26 P.O. Box 25186**
Suite, Apt #, etc.: **27**
City & State: **28 TAMARAC FL**
Zip: **29 33321-5186** Country: **30 US**

9. Name and Address of Current Registered Agent
**GALE, LYLE
984 BRIDGE LN
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent
81 Name: **GALE, LYLE**
82 Street Address (P.O. Box Number is Not Acceptable): **8351 SANDS POINT BLVD A-207**
83
84 City: **TAMARAC FL** 85 Zip Code: **33320**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	GALE, LYLE	
STREET ADDRESS	984 BRIDGE LN	
CITY - ST - ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	GALE, Lyle		
1.3 STREET ADDRESS	8351 SANDS POINT BLVD A-207		
1.4 CITY - ST - ZIP	TAMARAC FL 33320		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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: _____ **1/27/97 (954) 720 3788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)