

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
 Secretary of Medium  
 Secretary of State  
 DIVISION OF CORPORATIONS



**APPROVED AND FILED**

95 MAY -1 PM 2:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L10351** (9)

1. Corporation Name  
**IAN JON'S, INC.**

Principal Place of Business Mailing Address

**% JULIE ODETTE MAIOLO**  
**1959 JENSEN BCH BLVD.**  
**JENSEN BEACH FL 34957**

**% JULIE ODETTE MAIOLO**  
**1959 JENSEN BCH BLVD.**  
**JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21. State Apt # etc 22. State Apt # etc

23. City & State 24. City & State

25. Zip 26. Zip

3. Date Incorporated or Qualified **08/17/1989**

3a. Date of Last Report **06/23/1994**

4. FEI Number **65-0147699** 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

7. This corporation has liability for intangible tax under S. 199.033, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**MAIOLO, JULIE ODETTE**  
**1958 RICOU TER**  
**JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P O Box Number is Not Acceptable)

83. City

84. City **FL** 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MAIOLO, JULIE ODETTE</b>
STREET ADDRESS	<b>1958 RICOU TER</b>
CITY, ST, ZIP	<b>JENSEN BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.033(1), Florida Statutes. I further certify that the information included 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 by such officer. That I am an officer or director of the corporation or the receiver or trustee of the corporation and that my name appears in Block 12 or Block 13 or changed or added as an attachment with an address.

SIGNATURE: *Julie Maiolo* **Julie Maiolo** President 4-30-96 407-834-4903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR