

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G29059**

(4)

1. Corporation Name

J.J.S. INVESTMENTS, INC.

Principal Place of Business

**28001 S DIXIE HWY
8180 NW 36 ST STE 100
HOMESTEAD FL 33030
US**

Mailing Address

**C/O WILLIAM L. SAX
8180 NW 36 ST STE 100
MIAMI FL 33166-6650**



2. Principal Place of Business

2a. Mailing Address

**C/O NORMAN A. ELIOT & CO.
9400 S. DADELAND BLVD.**

Street, Apt. #, etc.

605

City & State

MIAMI, FL

Zip

33156

County

MIAMI

Country

US

State

FL

Zip Code

33156

Country

US

9. Name and Address of Current Registered Agent

**SAX, WILLIAM L.
8180 NW 36TH ST.
SUITE 100
MIAMI FL 33166**

3. Date Incorporated or Qualified

02/11/1983

3a. Date of Last Report

08/07/1995

4. FIC Number

59-2257075

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. 193.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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, Sections 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

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