

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

FILED

Apr 02 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 # 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

9400 S DADELAND BLVD STE 605  
C/O NORMAN A ELIOT & CO  
MIAMI FL 33156-2864  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

25. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified  
02/11/1983

3a. Date of Last Report  
03/21/1996

4. FEI 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. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
NORMAN A. ELIOT  
82 Street Address (P.O. Box Number is Not Acceptable)  
9400 SOUTH DADELAND BLVD., SUITE 605  
83  
84 City  
MIAMI FL 85 Zip Code  
33156

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

NORMAN A. ELIOT

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SEGAL, JOSHUA J.	
STREET ADDRESS	9400 S DADELAND BLVD STE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SEGAL, IRA	
STREET ADDRESS	7400 N KENDALL DR STE 410	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SAX, WILLIAM	
STREET ADDRESS	8180 NW 36TH ST, #100	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	CURTIS, PERRY	
STREET ADDRESS	18103 SW 82ND CT.	
CITY-ST-ZIP	MIAMI FL 33143	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D/P
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/V/S/T
5.3 STREET ADDRESS	MARTHA A. CURTIS
5.4 CITY-ST-ZIP	18103 S.W. 82ND CT.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MIAMI, FL 33143
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 or on an attachment with an address.

SIGNATURE:

*[Signature]*

PERRY CURTIS

3/25/97

(305) 248-1129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)