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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Scoretary of State DIVISION OF CORPORATIONS

DOCUMENT # J90900 (8)

J. FREAL INC.

Principal Place of Business

Mailing Address

**FILED** 

May 02 1997 8:00am

Secretary of State

22040 BW 164 GOULDS FL 33		22040 SW 164 AVE GOULDS FL 33170-3802					
					3. Date Incorporated or Qualified 09/01/1987	3a. Date of Last Report 06/18/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		65-0007628	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			¢0.75 Autobarra	
22		27	[27]		5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		[28]			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation has liability for in		
24	25	29	30			Yes 🔯 No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
· FRE	AL, JOSEPH J. III	•	81	81 Name			
2204	10 SW 164 AVE		82 Street Add		Idress (P.O. Box Number is Not Acceptable)		
GOULDS FL 33160			62 Street Add		1033 (1.10). Box Nomber is Not Acceptable		
			83	1			
			84				
			04	City		FL 85 Zip Code	
office or re	e <b>gistered agent, or both, in the</b> a	.0502 and 607.1508, Florida Statut State of Florida. Such change was obligations of, Section 607.0505, Fl	authoriżed b	withe corporal	poration submits this statement for the prition's board of directors. I hereby accep	troose of changing its registered	
SIGNATURE .	•		.,				
Oloniz (Oliz	Signature, typed or printed name of registers		t Registered Ag	ent signature requi	red when reinstaing)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 III LE			☐ Change ☐ Addition [ ]	
NAME	FREAL, JOSEPH J. III		12 NAME	-		1;	
STREET ADDRESS	22040 SW 164 AVE		13 STREE	I ADDRESS		];	
CITY-ST-ZIP	GOULDS FL		1.4 CITY-	ST - 7IP			
TITLE		DETETE	2.1 TITLE			☐ Change ☐ Addition 3	
NAME			2.2 NAME	1			
STREET ADDRESS			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP			2. # CiTY-	S1-7/P			
TITLE		DELETE	3.1 TITLE		-	Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4, CHY-	ST-ZIP			
TITLE		☐ DELETE	4.1 THTLE			Change Addition	
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 S1HEE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST - ZIP			
TITLE		DELETE	5.1 101LE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRFE	1 ADDRESS			
CITY-ST-ZIP			5.4 CHY-				
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			1	1 ADORESS			
			0.5 51112 €	, m//m 00			

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 played, or on an attachment with an address.

122/07