

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L96349

(0)

1. Corporation Name

D.J.C. ENTERPRISES, INC.

Principal Place of Business

4275 B OKEECHOBEE BLVD
WEST PALM BEACH FL 33409
US

Mailing Address

4275 B OKEECHOBEE BLVD
WEST PALM BEACH FL 33417
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1990		3a. Date of Last Report 01/31/1995	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 65-0295846		☐ Applied For ☐ Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Zip	30		Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOPKO, JAMES 1100 SOUTH FEDERAL HIGHWAY STUART FL 34994				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				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

Signature of person making this statement is required when restating.

Signature of Registered Agent is required when restating.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
STREET ADDRESS		12. NAME	
CITY-STATE-ZIP		13. STREET ADDRESS	
		14. CITY-STATE-ZIP	
TITLE	NAME	2. TITLE	NAME
STREET ADDRESS		22. NAME	
CITY-STATE-ZIP		23. STREET ADDRESS	
		24. CITY-STATE-ZIP	
TITLE	NAME	3. TITLE	NAME
STREET ADDRESS		32. NAME	
CITY-STATE-ZIP		33. STREET ADDRESS	
		34. CITY-STATE-ZIP	
TITLE	NAME	4. TITLE	NAME
STREET ADDRESS		42. NAME	
CITY-STATE-ZIP		43. STREET ADDRESS	
		44. CITY-STATE-ZIP	
TITLE	NAME	5. TITLE	NAME
STREET ADDRESS		52. NAME	
CITY-STATE-ZIP		53. STREET ADDRESS	
		54. CITY-STATE-ZIP	
TITLE	NAME	6. TITLE	NAME
STREET ADDRESS		62. NAME	
CITY-STATE-ZIP		63. STREET ADDRESS	
		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 included, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD E. CIRITO

2/23/96

407-683-6833

DATE

DAY-MONTH-YEAR

CR2E034 (12/95)