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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P05123

(5)

SJ FINANCIAL ASSOCIATES, INC.

Mailing Address

Principal Place of Business 4925 N. MESA DRIVE CASTLE ROCK CO 80104

4925 N. MESA DRIVE CASTLE ROCK CO 90104

## **FILED** Jan 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1985 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 84-0974801 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GRAFF, STUART 7115 AYRSHIRE LANE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE \_\_\_ Change Addition PADGETT, JAMES NAME 1.2 NAME 4925 N. MESA DRIVE STREET ADDRESS 1.3 STREET ADDRESS CASTLE ROCK CO CITY-ST-ZIP 1.4 CITY-ST-ZIP VSD DELETE TITLE 2.1 TITLE Change Addition GRAFF, STUART NAME 2.2 NAME 943 PEPERIDGE TERR. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE \_\_ Change Addition NAME 4. 2 NAME

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

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SIGNATURE:

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NAME

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