

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

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P93000071556 (3)**  
 1. Corporation Name  
**CGCJ, INC.**



Principal Place of Business: **515 N.E. 4TH STREET POMPANO BEACH FL 33060**

Mailing Address: ~~P.O. BOX 429~~  
**POMPANO BEACH FL 33060**  
**515 NE 4 St.**  
**Pompano Beach FL 33060**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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3. Date Incorporated or Qualified  
**10/15/1993**

4. FEI Number  
**NOT APPLICABLE**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**U.C.C. FILING & SEARCH SERVICES INC.**  
**526 EAST PARK AVENUE**  
**SUITE 200**  
**TALLAHASSEE FL 32301**

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (R/C/E) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD
NAME	SINGLETON, JENNIFER D	12 NAME	Jennifer Singleton-Simon
STREET ADDRESS	2928 PORT ROYAL LANE	13 STREET ADDRESS	1800 E. Atlantic Blvd.
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	14 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	VD	21 TITLE	
NAME	PETERS, CYNTHIA S	22 NAME	
STREET ADDRESS	20908 ENCANTO COURT	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	
NAME	CLARK, GLENDA	32 NAME	
STREET ADDRESS	515 N.E. 4TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	SINGLETON, CHARLES G JR	42 NAME	
STREET ADDRESS	ONE LANCE LANE	43 STREET ADDRESS	
CITY-ST-ZIP	FLETCHER NC 28732	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address.

SIGNATURE: *Glenda Clark* *Charles G. Singleton* **4/15/98 954-781-8436**

CR2E034 (10/97)