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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham Secretary of State

	1996	Some	DIVISION OF	COMPONA					
DOCUN 1. Corporation	/ENT # Name	V6771	3 (0)						
3J BUS	SINESS ENTE	erprises, inc	•						
Principal Place	of Business		Mailing Address						
830 GULF BI	REEZE PARKWAY		830 GULF BREEZE PA	ARKWAY					
GULF BREEZ	E FL 32561		GULF BREEZE FL 325	61					
						3. Date Incorporated or Qualific			•
A 63 - 1 - 1 DI			Tarana Adam			<b>09/30/1992 4.</b> FEL Number	03	/20/19	
2. Principal Pla	ce of Business		2a. Mailing Address			59-3155302			Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.					<b></b>	Additional
2			27			5. Certificate of Status Desired		•	Required
City & State			City & State			6. Election Campaign Financing			<b>)</b> Мау Ве
3		No. unto	28			Trust Fund Contribution			to Fees
Ζ <sub>Ι</sub> ρ <b>4</b>	25	Country	Z <sub>I</sub> p	Cour	ıtry	8. This corporation has liability Florida Statutes	or intangible tax ∕es                 No	under s	199.032,
<u>*1</u>		Address of Current	and the programme of the contract of the contr	_1 <u>201</u> [		10. Name and Address of New		gent	
					81 Name				
LIN, CAI	ROL			ŀ	82 Street Addr	ress (P.O. Box Number is Not Accep	table)		
830 GUI	LF BREEZE PAI	RKWAY							
GULF B	reeze fl 3256	31			83				
					84 City			85 Zip	Code
II Duranasti	the provision of	Castions 607 0500	and 607 1500. Florida Statut			ration submits this statement for the	FL street		aniatarad affaa
	i, and accept the	obligations of, Section	on 607.0505, Florida Statutes	i.	- ,	rd of directors. Thereby accept the a			
SIGNATURE _		obligations of, Section of name of registered agent a OFFICERS AND	and tide if applicable (NO	i.	Agent squature requee		DA*ŧ		 RS IN 12
SIGNATURE _		id name of registered agont a	and tide if applicable (NO	TE Registered	Agent squature requee	ଓ ଷ୍ଟେବ୍ୟ ହୋଇ ଧରଣୁ	DATE DEFICERS AND D		RS IN 12
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cath, that I am an officer or director of the corporation or the receiver or trustee empowered tappears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7 - 21 % Secretary

Cat: Days in Priorital Statutes; and that my name of the content of the cont