

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 249100 (9)

1. Corporation Name  
F. V. S.J., INC.



Principal Place of Business: 3471 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306  
Mailing Address: 3471 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306

3. Date Incorporated or Qualified: 07/07/1961  
3a. Date of Last Report: 05/01/1995  
4. FFI Number: 59-0972870  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent

ROSELLI, JOSEPH H.  
3471 N FEDERAL HWY  
FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROSELLI, JOSEPH H	
STREET ADDRESS	3471 NORTH FEDERAL HIGHWAY	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SATTLER, JAMES	
STREET ADDRESS	3471 NORTH FEDERAL HIGHWAY	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSELLI, VICTOR	
STREET ADDRESS	3471 NORTH FEDERAL HIGHWAY	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSELLI, ROBERT	
STREET ADDRESS	3471 NORTH FEDERAL HIGHWAY	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSELLI, GREG	
STREET ADDRESS	3471 NORTH FEDERAL HIGHWAY	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 changed, or on an attachment with an address.

SIGNATURE: *J. Roselli* H. Joseph Roselli  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: (34) 565-2588  
Daytime Phone #

CR2E034 (12/95)