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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 378956

(7)

1. Corporation Name  
P.M.J. CORPORATION

Principal Place of Business  
19800 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180

Mailing Address  
19800 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180-2241

3. Date Incorporated or Qualified 03/18/1971	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1362068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 19790 West Dixie Highway Suite Apt. # etc. 22 City & State 23 North Miami Bch, Fla 33180 Zip Country 24 33180 25	2a. Mailing Address 26 19790 West Dixie Highway Suite Apt. # etc. 27 City & State 28 North Miami Bch, Fla 33180 Zip Country 29 33180 30
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9. Name and Address of Current Registered Agent POULOS, JACK M. 19800 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 19790 West Dixie Highway 83 84 City North Miami Bch, Fla. FL 85 Zip Code 33180
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	POULOS, JACK M. 19800 W. DIXIE HWY NORTH MIAMI BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 19790 West Dixie Highway North Miami Bch, Fla. 33180
TITLE VD	POULOS, ANTHONY 2910 NE 214TH ST NORTH MIAMI BCH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE TSD	POULOS, HARRY 3745 NE 171ST ST #3 NORTH MIAMI BCH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE 		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE 		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE 		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do 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:

*Jack M. Poulos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack M. Poulos, President

3/18/97

(305) 931-0316

Date

Daytime Phone #

CR2E034 (9/96)