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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 394173

JASUJE CORPORATION

Principal Place of Business Mailing Address 678 E. FIRST STREET 678 E. FIRST STREET PAHOKEE FL 33476 PAHOKEE FL 33476-1408 3. Date incorporated or Qualified 3a. Date of Last Report 01/14/1972 01/24/1996 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 21 26 59-1377745 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JOHNSON, RALPH O. **678 EAST FIRST STREET** 82 Street Address (P.O. Box Number is Not Acceptable) PAHOKEE FL 33476 83 84 City 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 non cictling sterod agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE Addition VSD NAME JOHNSON, RALPH O 1.2 NAME **678 EAST FIRST STREET** STREET ADDRESS 1.3 STREET ADDRESS **PAHOKEE FL** 1.4 CITY - ST - ZIP CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE JOHNSON,M JANET NAME 2.2 NAME **678 EAST FIRST STREET** STREET ADDRESS 2.3 STREET ADDRESS PAHOKEE FL CITY-ST-7IP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY+ST-ZIP CiTY-SY-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 51 TITLE

I do hereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-\$1-ZIP

5.4 CITY - ST - ZiP

SIGNATURE:

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-2IP

CITY-ST-ZIP

JANNSON, TROSTONI

DELETE

Jan. 8, 1997

(561)924-7529

FILED

Jan 16 1997 8:00am

Secretary of State

Addition