

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90082 023 \*\*\*150.00

DOCUMENT # 492166

1. Corporation Name  
I & J ENTERPRISES CORP.

Principal Place of Business  
402 HIGH POINT DR  
COCOA FL 32926  
US

Mailing Address  
402 HIGH POINT DR  
COCOA FL 32926  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/08/1975

4. FEI Number  
59-1640876

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 402 A HIGH POINT DR

2a. Mailing Address  
26 402 A HIGH POINT DR

Suite, Apt. #, etc.  
22 GV

Suite, Apt. #, etc.  
27

City & State  
23 COCOA FLA

City & State  
28 COCOA FLA

Zip  
24 32926

Zip  
29 32926

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SHAH, MAHESH R  
402 HIGH POINT DR  
COCOA FL 32926

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 607.0502 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME SHAH, MAHESH  
STREET ADDRESS 702 HAWKSBILL ISLAND DR  
CITY-ST-ZIP SATELLITE BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  
NAME SHAH, RASHMI  
STREET ADDRESS 702 HAWKSBILL ISLAND DR  
CITY-ST-ZIP SATELLITE BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME BHALANI, GITA  
STREET ADDRESS 7 NORTH COCOA BLVD  
CITY-ST-ZIP COCOA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAHESH R.

Date

1/25/99 (407) 631-0245

Daytime Phone #

CR2E034 (11/98)

0119273