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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996		Secretary of State DIVISION OF CORPORATIONS				
1. Corporate		561490	(4)			
J. &	J. PROPERTIE	S, INC.			I MARIA BINA BINA KIRA ARAWA ARAWA)
Principal Plac	e of Business		Mailing Address			
1965 SUSSEX DRIVE MOUNT DORA FL 32757			1965 SUSSEX DRIVE MOUNT DORA FL 32757			
2 Division C					 Date Incorporated or Qualified 03/08/1978 	3a. Date of Last Report 05/01/1995
21 2			Mailing Address		4. FEI Number 59-1804937	Applied For Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23	e	28	City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be
Zip 24	25	untry 29	Ζιţ)	Country 30	8. This corporation has liability for	Added to Fees intangible tax under s 199.032,
	9. Name and A	dress of Current Regis	tered Agent		10. Name and Address of New R	
LIANO	341 IA44EA D			81 Name	1	150N)
	ON, JAMES R Sussex Drive			62 Street	Address (P.O. Box Number is Not Acceptab) 5 0 (C)
MOUNT DORA FL 32757				83	Address (P.O. Box Number is Not Acceptable 13 RIERCLI	F DE.
				83		
				84 City	ARS AUDO	85 Zip Gode
11. Pursuant t	to the provisions of S	ections 607.0502 and 60	7.1508, Florida Statutes	s, the above named c	orporation submits this statement for the purp	FL 32806
familiar wit	th, and accept the of	oligition of Section 607.	-Change was authorize 0505, Florida Statules	d by the corporation's	orporation submits this statement for the purp board of directors. Thereby accept the appo	ontment as registered agent. I am
SIGNATURE	Sarah ki, bi ki bi parkin	XX I	1/10	uc F /	14N80U	4/27/9L
12.	Orginal No. Of ear or participal	ON CERS AND DIREC		t. Flagetters J. Agent signasure i 13.		Are
TITLE	PSD		DELETE	1 1 TOLE	ADDITIONS/CHANGES TO OFFI	
NAME	Hanson, Jai		_	1.2 NAME	JACK B. HAN SON	Change Addition
STREET ADDRESS	1965 SUSSE			1.3 STREET ADDRESS	1985 SUSSEX DE.	
CHTY - ST - ZIP	MOUNT DOR	A FL		1 4 CITY - ST-ZIP	MT DAA FILL	32757
TITLE			☐ DELETE	2 1 TITLE	141. 61-11 1 54	Change Addition
NAME STATES				2.2 NAME		_ = 3,4 7,00,000
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CITY - S1 - ZIP			C Contra	2.4 CITY - \$1 - ZIP		
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STREET ADDRESS				3.2 NAME		
CITY-ST-ZIP				3.3 STREET ACDRESS		į
TITLE	····		DELFTE	3.4 C(TY - \$7 ZIP 4.1 TH LE		
NAME			_	4.2 NAME		☐ Change ☐ Addition
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CITY ST-ZP	···			4.4 CITY-ST-ZP		
TITLE			DELETE	5 1 Trile		Change Addition
NAME				5.2 NAME		
STHEET ADDRESS				5.3 STREET ADDRESS		
C-TY-ST-Z-P TITLE			Deter	5 4 CITY - ST - Z-P		
NAME			DELETE	6 1 THTLE		☐ Change ☐ Addition
STREET ADDRESS				6.2 NAME		
CITY-ST-ZIP				6 3 STREET ADDRESS		
				64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this fring 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 armual 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 consortion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attribution with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Care: Daylor's Prons #