## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (6)**DOCUMENT #** Corporation Name E. J. B., INC. Principal Place of Business Mailing Address 3809 N. W. 9TH AVENUE 3809 N. W. 9TH AVENUE OAKLAND PARK FL 33309-5067 OAKLAND PARK FL 33309-5067 3. Date Incorporated or Qualified 3a. Date of Last Report 04/27/1978 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1809582 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 П 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 X Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERTUZZI, JERRY Street Address (P.O. Box Number is Not Acceptable) 3809 N.W. 9TH AVENUE OAKLAND PARK FL 33311 83 City 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 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) 12. (12/95)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE ☐ Change ☐ Addition NAME BERTUZZI, JERRY 1.2 NAME CR2E034 STREET ADDRESS 3809 NW 9TH AVENUE 1.3 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 14 CITY - ST- ZIP TITLE DELETE 2 1 TITLE [7] Change Addition NAME 2.2 NAMÉ STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-S1-ZIP 3.4 CITY - ST - ZIP TITLE DELFTE 4. 1 MILE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 THILE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS DITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST- 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

JERRY BERTUZZI/PRES.

Dazone: Proce #

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: