## FILE NOW: FILING FEE AFTER MAY 1ST 1 550.00

SIGNATURE:

Feb 18 1998 8:00am **PROFIT** \* FLORIDA DEPARAT OF STATE CORPORATION Sandra Birtham Secretary of State ANNUAL REPORT Secreta: litate 1998 DIVISION OF CORATIONS DOCUMENT # 589189 (0)C.J.J., INC. Principal Place of Business Mailing Address 3280 W. HILLSBOROUGH AVE P.O. BOX 15658 SUITE 111A TAMPA FL 33684 TAMPA FL 33614 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1978 FEI Number 2. Principal Place of Business Applied For 2a. Mailing Address 21 Not Applicable 59-1882968 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution ZiD 8. This corporation owes or has paid the current year Intangible Country Country Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DI GERLANDO, JOSEPH 3260 W. HILLSBOROUGH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 111A 83 TAMPA, FL. FL 33614 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statuteshe 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 advized 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, Flori Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE distored Agent signature required when reinstating) R2E034 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition TITLE DELETE 1.1 TITLE DIGERLANDO, JOSEPH NAME 1.2 NAME 10116 LINDELAAN DRIVE STREET ADDRESS 1 STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP 1.4 CITY-ST-ZiP Change Addition TITLE DELETE 21 TALE DIGERLANDO, CARMEN 2.2 NAME 10116 LINDELAAN DRIVE STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change \_\_\_ Addition TITLE DELETE 31 TITLE PEREZ, CARMEN E NAME 3.2 NAME 10116 LINDELAAN DRIVE STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL 33618 CITY - ST - ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP Addition Change TITLE DELETE 5 1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition TITLE DELETE 6.1 TITLE NAME 8.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 4. I hereby certify that the information supplied with this filing does not qualify findicated on this armual report or supplemental annual report is true and according or director of the corporation or the receiver or trustee empowered to Block 12 or Block 13 if changed, q on an altachment with an address. exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information o and that my signature shall have the same legal effect as if made under oath; that I am an ute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED**