

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Northum
Secretary of State
BUREAU OF CORPORATIONS

DOCUMENT # F18214 (9)

J & L ENTERPRISES OF BREVARD, INC.

Principal Place of Business

692 HEDGECOCK SQ
P.O. BOX 372066
SATELLITE BCH FL 32937

Mailing Address

692 HEDGECOCK SQ
P.O. BOX 372066
SATELLITE BCH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 02/03/1981	3a. Date of last report 05/01/1994
4. Filing Number 59-2920308	Approved Fee 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 has liability for information furnished by this report Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

**HIRSCH, JULIANA
692 HEDGECOCK SP
SATELLITE BCH, FL
32937**

10. Name and Address of New Registered Agent

81. Name	85. State
82. Street Address (P.O. Box Number is Not Applicable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 605, 606, and 607 of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth in the State of Florida. Such change was authorized by this corporation's board of directors. I hereby accept the appointment as registered agent. I agree with and accept the obligations of Section 607, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
1. NAME	DP HIRSCH, JULIANA	1. NAME	
2. STREET ADDRESS	693 HEDGECOCK SQ	2. STREET ADDRESS	
3. CITY, STATE	SATELLITE BCH, FL 00000	3. CITY, STATE	
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, STATE		6. CITY, STATE	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, STATE		9. CITY, STATE	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE		12. CITY, STATE	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, STATE		15. CITY, STATE	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, STATE		18. CITY, STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 135.02, Florida Statutes. I further certify that the information included 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 in person. I am an officer or director of the corporation or the receiver or trustee empowered to make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of changed, or on an attachment with an address.

SIGNATURE:

Juliana Hirsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 407-779 9237