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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION	OF CORPORATIONS		
DOCUN 1. Corporation	MENT # F92	553 (9))		
F&J	INVESTMENTS & TRAD	DE, INC.			
Principal Place of Business		Mailing Address		T FORESON FILM LOUIS ITAMO DEFOIL O	sion till girli ninli dinil dinil dinil dinil dinil dinil lätt
% EMILE JAMMAL 307 MURPHY ROAD WINTER SPRINGS FL 32708		% EMILE JAMMAL 307 MURPHY ROAD WINTER SPRINGS FL 32708 2a. Mailing Address			
					(a) (b)
				 Date Incorporated or Qualified 07/29/1982 	3a. Date of Last Report 04/11/1995
2. Principal Place of Business				4. FEI Number	Applied For
1		26		59-2220223	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oty & State		Oity & State		6. Election Campaign Financing	\$5.00 May Be
23	····	28	<u>.</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of C	29 urrent Registered Agent	30	Florida Statutes Ye 10. Name and Address of New	S No
			81 Name	10,	Trogiotorio rigotti
JAMMAL, EMILE			82 Street Add	iress (P.O. Box Number is Not Accepta	ablet
	RPHY ROAD				
CASSEL	BERRY FL		83		
			84 City		FL 85 7p Code
11. Pursuant te	o the provisions of Sections 607	.0502 and 607.1508, Florida Sta	tutes, the above named corpo	pration submits this statement for the p	urpose of changing its registered office.
or registere	ed agent, or both, in the State of	f Florida, Such change was autho , Section 607.0505, Florida Statu	prized by the corporation's boa	ard of directors. I hereby accept the ap	pointment as régistered agent. I am
CICNIATUIOE	· -				
	Signature, typico or printed name of registeres	d agent and tille if application. S AND DIRECTORS	(NOTE: Registered Agent signature require 13.		DATE PROFESSION IN AS
12.	VD	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
NAME	JAMMAL, EMILE		1.2 NAME		
STREET ADDRESS 307 MURPHY ROAD			1.3 STHEET ADDRESS		
CITY+S1-ZIP	CASSELBERRY, FL 0000		14 CITY - ST - ZIP		
TITLE		☐ DELETE	2 1 THUE		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CHY-SI-ZIP			2.4 C/TY-ST-Z/P		
TIT: E		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAMÉ		E onongo E yestion
STREET ADDRESS			4.3 STREET ADDRESS		
C!TY - S? - 712			44 CITY ST ZIF		
TITLE		☐ DELFTE	5 1 TITLE		Change Addition
NAME CARELL ADVANCES			5.2 NAME		
STREET ADDRESS CITY ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY+ \$1 - ZIF 6 1 TITLE		Change Addition
NAM:		—	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST ZIP		are a second at the second at	6 4 CITY - ST - ZIP	*····	
certify that	the information indicated on this	sannual report or supplemental a	innual report is true and accur.	for the exemption stated in Section 11' ate and that my signature shall have th	e same legal effect as if made under
oath; that I appears in	am an officer or director of the e Block 12 or Block 13 if changed	corporation or the receiver or true of, or on amattaching at with an a	stay empowered to execute the defress.	nis report as required by Chapter 607, I	Florida Statutes; and that my name

SIGNATURE:

OOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-96 407-644-6777