

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003250 (6)

1. Corporation Name

CCJ REALTY CORPORATION

Principal Place of Business

600 ERIE ST.
SAEGERTOWN PA 16433

Mailing Address

600 ERIE ST.
SAEGERTOWN PA 16433



2. Principal Place of Business

2a. Mailing Address

21 1 CRAWFORD STREET

26 1 CRAWFORD STREET

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

23 SAEGERTOWN, PA

28 SAEGERTOWN, PA

Zip

Country

Zip

Country

24 16433

25

29 16433

30

9. Name and Address of Current Registered Agent

JEMISON, MAURICE L
1160 SOUTH MCCALL RD., STE. B
ENGLEWOOD FL 34223

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the 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 authorized 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, Florida Statutes.

SIGNATURE

Signature of the person performing the change on behalf of the corporation

Signature of the person accepting the appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPT	[] DELETE
NAME	JORDAN, CHALMER C	
STREET ADDRESS	600 ERIE ST.	
CITY, ST, ZIP	SAEGERTOWN PA 16433	
TITLE	S	[] DELETE
NAME	LEWIS, NANCY C	
STREET ADDRESS	600 ERIE ST.	
CITY, ST, ZIP	SAEGERTOWN PA 16433	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[X] Change [] Addition
2. NAME	
3. STREET ADDRESS	1 CRAWFORD STREET
4. CITY, ST, ZIP	
5. TITLE	[X] Change [] Addition
6. NAME	
7. STREET ADDRESS	1 CRAWFORD STREET
8. CITY, ST, ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. 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 oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY C. LEWIS, SECRETARY

3/15/96

(814) 763-2655

CR2E034 (12/95)