PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003511

1. Corporation Name

CURT J & J ENTERPRISES, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90022 012 ***150.00



Principal Place	e of Business	Mailing Address		E INCENDO NEO EBNO BINEN ADEN ABUNT ABNUT	ÖĞİLƏ IYINDI OLTAN IYƏDI IYDI YARAY
4040 SE 84TH LN RD		4040 SE 84TH LN RD			
OCALA FL 34480		OCALA FL 34480			00105
		•		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed 07/11/1996	
2 Principal D	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	lace of business	26. Walling Address		56-1072155	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	θ	City & State	- -	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inf	tangible
24	25	29	30	Personal Property Tax.	☐Yes IZNo
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
CHY	DDELKA CUIDT I		81 Name		
CHAPPELKA, CURT J 4040 SE 84TH LN RD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	LA FL 34480		-		
UCA	LA PL 34400		83	•	
			84 City		85 Zip Code
				<u> </u>	a l
11. Pursuant office or r	to the provisions of Sections 607.09 egistered agent, or both, in the Stat	502 and 607.1508, Florida Statute te of Florida. Such change was au	s, the above-named corp thorized by the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE		AIOTE.	Registered Agent signature require	nd when reinstaling) DATE	
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	DCP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHAPPELKA, CURT J		1.2 NAME		
STREET ADDRESS	4040 SE 84TH LN RD		1.3 STREET ADDRESS		}
CITY-ST-ZIP	OCALA FL 34480		1.4 CITY-ST-ZIP		
TITLE	DCV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAPPELKA, MARILYN B		2.2 NAME)
STREET ADDRESS	4040 SE 84TH LN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34480		2.4 CITY-ST-ZIP	<u> </u>	
TITLE	ST	☐ DELETE	3.1 TITLE	****	☐ Change ☐ Addition
NAME '	CHAPPELKA, JAMES A				
STREET ADDRESS	ANALOGE NATIONAL DE		3.2 NAME		
CITY-ST-ZIP	4040 SE 84TH LN RD		3.2 NAME 3.3 STREET ADDRESS	e e e e e e e e e e e e e e e e e e e	,
TITLE	OCALA FL 34480		1		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ DELETE	3.3 STREET ADDRESS		Change Addition
NAME		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
l		DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.