

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G47086** (5)  
1. Corporation Name  
**T & J SUAREZ, INC.**



Principal Place of Business  
**1432 CARRINGTON CT  
WINTER SPRINGS FL 32708  
US**

Mailing Address  
**1432 CARRINGTON CT  
WINTER SPRINGS FL 32708-6134  
US**

3. Date Incorporated or Qualified <b>07/01/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2471028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**MARLOWE, MICHAEL L  
1031 W MORSE BLVD  
STE 106  
WINTER PARK FL 32789**

81 Name	10. Name and Address of New Registered Agent
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 607.1508, 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SUAREZ, TEM O	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1432 CARRINGTON CT	1.2 NAME	
STREET ADDRESS	WINTER SPRINGS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSTD SUAREZ, JUDY A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1432 CARRINGTON CT	2.2 NAME	
STREET ADDRESS	WINTER SPRINGS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD SUAREZ, DENNIS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1432 CARRINGTON CT	3.2 NAME	
STREET ADDRESS	WINTER SPRINGS FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD SUAREZ, DESMOND	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1432 CARRINGTON CT	4.2 NAME	
STREET ADDRESS	WINTER SPRINGS FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD JONES, JAY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1432 CARRINGTON CT	5.2 NAME	
STREET ADDRESS	WINTER SPRINGS FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE: \_\_\_\_\_

RECEIVED

APR 29 1997

CR2E034 (9/96)