FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:13

DOCUMENT # **G50391** **(3)**

1. Corporation Name
S J L REALTY, INC.

Principal Place of Business	Mailing Address
704 S. 17-92 P. O. DRAWER 940088 LONGWOOD FL 32794-7088 US	~~1465 GENORAH BLVD #150 (CASSELBERRY, FL)~~ P. O. DRAWER 940088 MAITLAND FL 32794-088 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1983	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2327500	☐ Applied For ☐ 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 intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Drawer 940088
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Maitland, FL
24 Zip / 25 County	29 32794-088 / 30 Orange

9. Name and Address of Current Registered Agent

SJL HOLDINGS, INC.
704 S 17-92
LONGWOOD FL 32707

10. Name and Address of New Registered Agent

31 Name: STEPHEN J. LAFRENIERE
32 Street Address (P.O. Box Number is Not Acceptable):
33
34 City: FL 35 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] Director — Stephen J. LAFRENIERE — 6/27/95
(Signature of president, vice president or registered agent, and title if applicable) (Typed or printed name of registered agent and title if applicable) (Registered Agent signature required if changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LAFRENIERE, STEPHEN J.	12 NAME	
STREET ADDRESS	704 S. 17-92	13 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	LAFRENIERE, ROBERT B	22 NAME	
STREET ADDRESS	P O BOX 219	23 STREET ADDRESS	
CITY ST ZIP	HOLDER FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 with an address, with an attachment with an address.

SIGNATURE: [signature] STEPHEN J. LAFRENIERE — 6/11/95 — 407/260-0047
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — (Area Code and Daytime Telephone Number)

CP