

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 # **H16713** (0)

1. Corporation Name

CJG ENTERPRISES, INC.



Principal Place of Business

% JOHN BATTILLO
16 SAPPHIRE DR
KEY WEST FL 33040-5642

Mailing Address

% JOHN BATTILLO
16 SAPPHIRE DR
KEY WEST FL 33040-5642

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/13/1984

3a. Date of Last Report

02/16/1995

4. FEI Number

59-2459286

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

9. Name and Address of Current Registered Agent

BATTILLO, JOHN
16 SAPPHIRE DR
KEY WEST FL 33040

10. Name and Address of New Registered Agent

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 607.1508, 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]

(If the Registered Agent is not a resident of the State, the signature of the person who is the agent for the corporation must be obtained.)

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BATTILLO, JOHN**
STREET ADDRESS **16 SAPPHIRE DR**
CITY-ST-ZIP **KEY WEST FL**

TITLE **STD** ☐ DELETE
NAME **BATTILLO, CHIANG FONG**
STREET ADDRESS **16 SAPPHIRE DR**
CITY-ST-ZIP **KEY WEST FL**

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

1.1 TITLE **SECRETARY** ☐ Change ☒ Addition
1.2 NAME **JEFFERY ECKARD**
1.3 STREET ADDRESS **3328 EAGLE AVE**
1.4 CITY-ST-ZIP **KEY WEST, FL 33040**

2.1 TITLE **TREASURER** ☒ Change ☐ Addition
2.2 NAME **BATTILLO, CHIANG FONG**
2.3 STREET ADDRESS **16 SAPPHIRE DR**
2.4 CITY-ST-ZIP **KEY WEST, FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(a), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-96 (305) 296-5739
Date Date/Time/Phone #

CR2E034 (12/95)