

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H88704** (2)

1. Corporation Name

JWJ EQUIPMENT CORP.



Principal Place of Business

**6561-B STIRLING ROAD
DAVIE FL 33314**

Mailing Address

**6561-B STIRLING ROAD
DAVIE FL 33314
US**

3. Date Incorporated or Qualified
12/09/1985

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **6557 STIRLING ROAD**

26 **6557 STIRLING ROAD**

4. FEI Number

59-2612114

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

DAVIE, FL

DAVIE, FL

23 Zip

Country

28 Zip

Country

33314

US

33314

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, JOHN
15963 E WIND CIR
SUNRISE FL 33326**

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, type or print name of registered agent and sign it as applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☒ DELETE
NAME **STEWART, VIRGINIA**
STREET ADDRESS **15963 E. WIND CIRCLE**
CITY-ST-ZIP **SUNRISE FL**

TITLE **P** ☒ DELETE
NAME **STEWART, JOHN**
STREET ADDRESS **15963 E. WIND CIR.**
CITY-ST-ZIP **SUNRISE FL**

TITLE **S** ☐ DELETE
NAME **RIVERON, OSVALDO S.**
STREET ADDRESS **1841 S.W. 69TH AVE.**
CITY-ST-ZIP **PLANTATION 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR/PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **STEWART, VIRGINIA**
1.3 STREET ADDRESS **15963 E WIND CIRCLE**
1.4 CITY-ST-ZIP **SUNRISE, FL. 33326**

2.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
2.2 NAME **STEWART John**
2.3 STREET ADDRESS **15963 E. WIND CIRCLE**
2.4 CITY-ST-ZIP **SUNRISE, FL. 33326**

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)(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:

Virginia Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (205) 584-2538
Date Daytime Phone #

CR2E034 (12/95)