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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **J49557**

1. Corporation Name

J&J BUSINESS INVESTMENTS & MORTGAGE, INC.

## Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90068 027 \*\*\*150.00



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Principal Place of Business	Mailing Address					
522 CLEARVIEW DRIVE 522 CLEARVIEW DRIVE COCOA FL 32927 COCOA FL 32927			DO NOT WOITE IN TH	HC CDACE		
· ·				DO NOT WRITE IN TH	115 SFACE	
				3. Date Incorporated or Qualifed 12/31/1986		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Ap	pplied For
21 <b>3535</b>	26 - SAM	E		59-2749260	No	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> / Fee Re	Additional equired
City & State	City & State		•	6. Election Campaign Financing	\$5.00	May Be
23 Cocoa FL	28	Causta		Trust Fund Contribution	Added	to Fees
Zip Country 24 3 2 9 ) 6 25 BRRJA	A A Zip	Country	,	8. This corporation owes the current year	Tintangible ☐ Yes	No
		30		Personal Property Tax.  10. Name and Address of New Register		
9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Auguster	ou Agent	
HEMPFLING, JOHN W.		"	Name			
3535 N US 1		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
COCOA FL 32926		83				
		84	'		·L	Code
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta	0502 and 607.1508, Florida Statute ate of Florida Sych change was au	s, the abov thorized by	e-named corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its pointment as re	registered egistered
agent. I am familiar with, and accept the obl	ligations of, Section 607.0505, Flori	da Statutes	3.	7 -	11 - 90	2
SIGNATURE OWN N	mprung	Pagistared Ace	nt signature required	(when reinstating) DATE	26-99	<u> </u>
Signature, typed or printed harne of registered	AND DIRECTORS	13.	in signature required	ADDITIONS/CHANGES TO OFFICERS		
me P	☐ DELETE	1.1 TITLE		TIDDITION OF THE PROPERTY OF T	☐ Change	☐ Addition
NAME HEMPFLING, VIVIAN		1.2 NAME				
STREET ADDRESS 522 CLEARVIEW DRIVE			T ADDRESS			İ
COCOA EI		1.4 CITY-S				· [
TITLE P	☐ DELETE	2.1 TITLE	31-2IF	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
LICKIDELING TOLIN		2.2 NAME	-			
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COCOA EI						ĺ
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NAME		3.2 NAME				
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CITY-ST-ZIP	☐ DELETE	3.4. CITY-	ST-ZIP		Change	Addition
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NAME		4.2 NAME				
STREET ADDRESS			T ADDRESS )		-	
CITY-ST-ZIP	□ BCI CT#	4.4 CITY-S	ST-ZIP		Change	Addition
TITLE	. DELETÉ	5.1 TITLE	İ			T YOUROU
NAME		5.2 NAME	Į.		•	
STREET ADDRESS			TADDRESS			
CITY-ST-ZIP	——————————————————————————————————————	5.4 CITY-S	ST-ZIP			
TITLE	☐ DELETÉ	6.1 TITLE			Change	☐ Addition
NAME	ينيران الرجيدانية التي	6.2 NAME			_	{
STREET ADDRESS		6.3 STREE	T ADDRESS	• • •	- · -	

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 coporation 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 chapted, if on an attachment with an address, with all other time empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

407 632 0644