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May 07, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J80886

1. Corporation Name
SOUTHERN JAVID, INC.

Principal Place of Business
**1125 NE 7 AVE
DANIA FL 33004**

Mailing Address
**1125 NE 7 AVE
DANIA FL 33004**

% SKLAR HEYMAN

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/29/1987

2. Principal Place of Business

21 **4851 NE 26TH AVE**

2a. Mailing Address

26 **500 BEDFORD AVE**

4. FEI Number
59-2822847

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

22 **Fort Lauderdale**

Suite, Apt. #, etc.

27 **Bellmore NY**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

23 **Fort Lauderdale**

City & State

28 **Bellmore NY**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 **33008 FL**

Zip Country
29 **11710** 30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIDZIULIS, JADVYGA
1125 NE 7 AVE
DANIA FL 33004**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5000 N OCEAN BLVD #1602

83

Fort Lauderdale

84 City

FL

85 Zip Code
33308

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

TITLE **D** ☐ DELETE
NAME **DIDZIULIS, JADVYGA**
STREET ADDRESS **1125 NE 7 AVE**
CITY-ST-ZIP **DANIA FL**

TITLE **VPS** ☐ DELETE
NAME **SILUNAS, VIDA**
STREET ADDRESS **1125 NE 7 AVENUE**
CITY-ST-ZIP **DANIA FL**

TITLE **PD** ☐ DELETE
NAME **LIKTORIUS, MILDA**
STREET ADDRESS **1125 NE 7 AVENUE**
CITY-ST-ZIP **DANIA 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

Daytime Phone #

CR2E034 (11/98)