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 # J81175 1. Corporation Name

V.J.S. ENTERPRISES, INC.

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

5940 YUCTAN DRIVE ORLANDO FL 32807

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90082 046 ***150.00



	DO NOT WRIT	re in Thi	S SPACE		
3.	Date Incorporated or Qualifed 07/01/1987		<u> </u>		
4.	FEI Number			Applied For	
	59-2824285			Not Applicable	
5.	Certificate of Status Desired		-	5 Additional Required	
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
8.	This corporation owes the curre	ent year 1	ntangible	□No	

MOON, WALTER R. 1218 E. ROBINSON ST. ORLANDO FL 32801

Country

9. Name and Address of Current Registered Agent

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i	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

Country

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agent. I a	am familiar i	with, and accept the obligations of, Section 6	807.0505, Florida	a Statutes.						
SIGNATURE		ed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature	required when rein	nstating)		DATE		
12.	Signature, typ	OFFICERS AND DIRECTORS		13.			HANGES TO	OFFICERS AN	DIRECTORS	S IN 12
	DOT		DELETE	1 1 TITLE					☐ Change	☐ Add

12.	OFFICERS AND DIRECTORS	10.		
TITLE	PST DELET	E 1.1 TITLE	☐ Change	☐ Addition
NAME	SANDS, VINCENT J.	1.2 NAME		
STREET ADDRESS	5940 YUCATAN DRIVE	13 STREET ADDRESS		ļ
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	DELET	E 2.1 TITLE	Change	☐ Addition
NAME		22 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		Í
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELET	E 3.1 TITLE	Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE	☐ DELET	E 4.1 TITLE	- Change	☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		Ĭ
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE	☐ DELET	E 51 TITLE	☐ Change	Addition
NAME		5.2 NAME		Ì
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELET	E 6.1 TITLE	☐ Change	Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		İ
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lis Casting 440 07/2V/i) Elevide Statutes I further certify that the in	
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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 attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR