

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J91542**

(7)

1. Corporation Name

JLU II INVESTMENTS, INC.



Principal Place of Business

**C/O JOSEPH C. MOFFA
110 SE 6TH ST #1840
FT LAUDERDALE FL 33301**

Mailing Address

**C/O JOSEPH C. MOFFA
110 SE 6TH ST #1840
FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified

09/02/1987

3a. Date of Last Report

01/17/1995

4. FET Number

65-0006633

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

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOSEPH C. MOFFA
110 S.E. 6TH STREET
SUITE 1840
FT. LAUDERDALE FL 33301**

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 607.0602 and 607.1506, 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 607.0602, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

**DPS
MOFFA, JOSEPH C.
110 S.E. 6TH ST., SUITE 1840
FT. LAUDERDALE FL
V
ROBERTS, CHRISTOPHER E.
1227 FAIRLAKE TRACE, SUITE 716
FT. LAUDERDALE FL**

☐ DELETE

☒ DELETE

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☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/30/96

84-761-3700

CR2E034 (12/95)