

# PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K06679** (0)  
1. Corporation Name  
**CJA MANAGEMENT CORP.**



**Principal Place of Business**  
**377 MAITLAND AVE., SUITE 209**  
**ALTAMONTE SPRINGS FL 32701**

**Mailing Address**  
**377 MAITLAND AVE., SUITE 209**  
**ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business			2a. Mailing Address		
21			26		
	Suite, Apt. #, etc.			Suite, Apt. #, etc.	
22			27		
	City & State			City & State	
23			28		
	Zip	Country		Zip	Country
24		25	29		30

3. Date Incorporated or Qualified <b>12/14/1987</b>		3a. Date of Last Report <b>05/01/1995</b>	
4. FEI Number <b>59-2880121</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election on Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

WHITING, JEFFREY  
377 MATLAND AVE., SUITE 209  
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81	Name	BURTON L. BRUGGEMAN		
82	Street Address (P.O. Box Number is Not Acceptable)	2121 Lakeside Dr.		
83	City	Ocala, FL	85	Zip Code
84		Ocala, FL	85	32801

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 Burton L. Bruceman 5/16/96  
Signature typed or printed and of registered agent and the day of the month and year of registration.  
(NOTE: Registered Agent Signature required when not stated.) DATE

12. OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITING, JEFFREY	
STREET ADDRESS	377 MAITLAND AV, STE 209	
CITY - ST - ZIP	ALTAMONTE SPGS FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> OFFICE
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

1	2 NAME
---	--------

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13 STREET ADDRESS |

TITLE NAME STREET ADDRESS CITY, ST. ZIP	<input type="checkbox"/> DELETE
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\* 4 CITY - ST - ZIP

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	

21 TITLE ☐ Change ☐ Addition

CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	

27 NAME \_\_\_\_\_

CITY - ST - ZIP	64011 - ST - ZIP
<p>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.</p>	

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY WHITING

5/30/96 407/381-7411

707581

CR2E034 (12/95)