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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K16496 (7)

1. Corporation Name
J & I SALES, INC.

Principal Place of Business

21 MAUI CIR
NAPLES FL 33962
US

Mailing Address

950 N COLLIER BLVD
C/O WILLIAM D KRAMER
MARCO ISLAND FL 34145-2725
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 34112 Country

2a. Mailing Address

26 950 W.D. KRAMER

27 Suite, Apt. #, etc.

1838 40TH TERRACE SW

28 City & State

NAPLES, FL

29 Zip 34116 Country US

3. Date Incorporated or Qualified

02/25/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0029289

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

9. Name and Address of Current Registered Agent

KRAMER, WILLIAM D.
SUITE #301
950 N COLLIER BLVD
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name NO CHANGE

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

1838 40TH TERRACE SW

83

84 City NAPLES

FL

85 Zip Code

34116

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

William D. Kramer

WILLIAM D. KRAMER

4/21/97

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 ST
NAME PASSAMONDI, INGEBORG
STREET ADDRESS 21 MAUI CIRCLE
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE P
NAME MARCZAK, JOSEPH
STREET ADDRESS 21 MAUI CIRCLE
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 34112

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 34112

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY - TREASURER

4/17/97 941-774-1816

Date

Day(s) Phone #

CR2E034 (9/96)