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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # K51219**

(9)

## FILED May 07 1997 8:00am Secretary of State

1. Corporation Name JOPAL ENTERPRISES, INC.  Principal Place of Business  Mailing Address  1890 E. SUNRISE BLVD. FT LAUDERDALE FL 33304  Mailing Address  1890 E. SUNRISE BLVD. FT LAUDERDALE FL 33304									
						3. Date Incorporated or Qualified 12/13/1988		ate of Last R 01/1996	eport
. Principal F	Place of Business	2a. Mailing Add	dress		······································	4. FEI Number		Ar	plied For
		26				65-0098733			ot Applicable
Suite, Apt	L. #, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	ate	City & State	9			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	1	Country	/	8. This corporation has liability for	or intangible		
[]	25	29	3	0			Yes [		
	9. Name and Address of Curre	nt Registered Agent			T	10. Name and Address of New F	Registered .	Agent	
STUART ENGSTROM				B1	Name				
	90 E. SUNRISE BLVD.				Street Addr	ess (P.O. Box Number is Not Acceptable)			
FI.	. LAUDERDALE FL 33304			83	ļ				
				84	City		FL	<b>85</b> Zip	Code
<ol> <li>Pursuant office or</li> </ol>	It to the provisions of Sections 607.05	02 and 607.1508, Flo	rida Statutes	, the above	e-named corp	oration submits this statement for the	e purpose o	t changing i nolutment as	is registered Jealstered
	It to the provisions of Sections 607.05 registered agent, or both, in the Statian familiar with, and accept the obligation types or prefed name of registered as					oration submits this statement for the ion's board of directors. I hereby acc ad when reinstating)	e purpose o cept the app DATE	f changing i	registered
IGNATURE	Signature Typed or printed name of registered at OFFICERS AT	gent and title if applicable.	(NOTE I				DATE	DIRECTOR	RS IN 12
IGNATURE 2. ILE	Signature hyperconnected name of registered an OFFICERS AI	gent and title if applicable.		Registered Age 13. 1.1 TITLE		ed when reinstating)	DATE		RS IN 12
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i. 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** 

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL CASTELLAND

1-28.97 954-763-1

Daytime Phone #