

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB -7 PM 2:41**

**DOCUMENT # K71548**

**(7)**

1. Corporation Name

**L-JJ, INC.**

Principal Place of Business

**2224 SOUTH UNIVERSITY DR  
DAVE FL 33324**

Mailing Address

**2224 SOUTH UNIVERSITY DR  
DAVE FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/09/1989**

3a. Date of Last Report

**06/06/1994**

4. FEI Number

**65-0129044**

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MILLER, HERBERT M  
2224 SOUTH UNIVERSITY DRIVE  
DAVE FL 33324**

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when immediately)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

**MILLER, HERBERT M**

**2224 SOUTH UNIVERSITY DR**

**DAVE FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

**MILLER, JOANN B**

**2224 SOUTH UNIVERSITY DR**

**DAVE FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 190.07(3)(k), Florida Statutes. I further certify that the information filed 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 its receiver or trustee empowered to execute this report as required by Chapter 887, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, and in Block 1 with an address.

SIGNATURE:

**HERBERT M. MILLER 1/15/95 (305) 470-7552**

(Signature and Print Name of Signing Officer or Director)