FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

J TIE INC.

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K83003

(9)

FILED Feb 06 1997 8:00am Secretary of State

Daytime Phone #

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Principal Place of Business Mailing Address									1 HOURRY OUR PARTE HAIN COM DARLY HAIR BIDIN DIGHT AND T CHAIR BIDIN DARLY BIDIN DARLY HOUR			
C/O B8.J 5950 W. OAKLAND PK BL. #105 LAUDERDALE FL 33313				59	C/O B&J 5950 W. OAKLAND PK., BL. #105 LAUDERDALE FL 33313-1245							
"	IUDERDALE I	FL 33313		L	UDERDALE FL 33313-12	240			3. Date Incorporated or Qualified	3a. D	ate of Last F	Report
									04/25/1989		/25/1996	icpoit ,
£	2. Principal Place of Business			28.	2a. Mailing Address			4. FEI Number Applied For			pplied For	
21	1			26					65-0116370 Not Applicable			
-	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22	2 City & State			27	7 City & State				Fee Required			
00	City & State	Only & State			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23	Zip	Country			Zip Country			<i>j</i>	This corporation has liability for in another tax under s. 199.032,			
24			25 29 30			J., K., y	Florida Statutes Yes No			s. 199.032,		
-	L,	9, Name	and Address of Curr		tered Agent	[00]	Τ		10. Name and Address of New Re			
	APT	ER, MICHA	EL				81	Name			_ 	
5950 W OAKLAND PARK BLVD.							82	Stroot Add	ress (P.O. Box Number is Not Acceptat	\[\langle		···
SUITE 105							02	Silest Aud	ress (F.O. Box Number is Not Acceptate	FIS NOT ACCEPTABLE)		
	LAU	DERHILL F	L 33313				В3					
1							84	City			OP 7in	Code
								1		FL	_ '	
11	L. Pursuant	to the provis	ons of Sections 607.05	502 and 6	07.1508, Florida Statut	tes, the a	bove	e-named corp	poration submits this statement for the p	urpose o	changing	its registered
	agent. La	m familiar wi	ith, and accept the obli	igations o	ta. Such change was f, Section 607.0505, Fl	tutes	y trie corpora s.	tion's board of directors. I hereby accep	ot the app	ointment as	s registered	
S	GNATURE											
12		Signarure typinal	for printed name of registence a				o Age	ant signature requi	red when reinstating)	DATE		
111		<u> </u>	OFFICERS A	ND DIREC	DELETE	13.	/T) C		ADDITIONS/CHANGES TO OFFIC	ERS ANL	Change	
	ME	4070 400040			L DELETE 1.1 TITLE 1.2 NAME						LL1 CHAING	LJ Addition
	IREET ADDRESS 5950 W. OAKLAND PK BL.				1.3 STREET ADDRESS			ADDRESS				
	IY-SI-ZIP	LAUDER						ST-ZIP				
TII		D			DELETE	2.1 T		71-211	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NA.	ME	APTER, C	CHRISTINE			2.2 N	AME					
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ST	REET AODRESS					4.3 S	TAEET	ADDRESS				
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	ME					5.2 N						
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	ME				☐ pereie	6.1 Ti					L. Change	☐ Addition
	REET ADDRESS					6.2 N		ADDDECO				
ווכ	ILCOMPUNICACI					■ b.3 S	INCL	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.