

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L23012 (2)**

1. Corporation Name
J.A.J. ENTERPRISES, INC.

Principal Place of Business
**% DENNIS J. UDVARHELY
1688 CYPRESS POINTE DR.
CORAL SPRINGS FL 33071-4270**

Mailing Address
**% DENNIS J. UDVARHELY
1688 CYPRESS POINTE DR.
CORAL SPRINGS FL 33071-4270**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/16/1989** 3a. Date of Last Report **03/22/1994**

4. FEI Number **65-0153563** 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 **11753 NW 27 ST.**

2a. Mailing Address
26 **11753 NW 27 ST.**

22 **CORAL SPRINGS FL.**

27 **CORAL SPRINGS FL**

23 **33065**

28 **CORAL SPRINGS FL**

24 **BROWARD**

29 **33065** 30 **BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UDVARHELY, DENNIS J.
1688 CYPRESS POINTE DR
CORAL SPRINGS FL 33071**

B1 Name
B2 Street Address (P O Box Number is Not Acceptable)
B3
B4 City **FL** B5 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: _____ (A1)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DTP**
NAME **UDVARHELY, DENNIS J.**
STREET ADDRESS **1688 CYPRESS POINTE DR.**
CITY ST ZIP **CORAL SPRINGS FL**

11 TITLE **SAME** Change Addition
12 NAME
13 STREET ADDRESS **11753 NW 27 ST**
14 CITY ST ZIP **CORAL SPRINGS, FL 33065**

TITLE **DVS**
NAME **UDVARHELY, KATHY L.**
STREET ADDRESS **1688 CYPRESS POINTE DR.**
CITY ST ZIP **CORAL SPRINGS FL**

21 TITLE **SAME** Change Addition
22 NAME
23 STREET ADDRESS **11753 NW 27 ST**
24 CITY ST ZIP **CORAL SPRINGS FL 33065**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 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 Sections 119.07(3)(b), 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 appropriate, or on an attachment with attachments.

SIGNATURE: *Dennis J. Udvarhelyi*
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

5-18-95 (305) 344-3844
DATE TELEPHONE