## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 18, 1999 8:00am **Katherine Harris Secretary of State**

02 19 1000 00104 050 \*\*\*150 00

DOCU	MENT # <b>L23012</b>				02-18-1999 90104 030 *** 130.00
J. Corporatio	on redino				
J.A.J. E	NTERPRISES, INC.				(
Principal Place of Business Mailing Address					T 18011811 BIO FIRSO AIRIN BORRA TREAK FIOTA DIBAN DIGIT REGEL DIGIT KIRAL DIGIT REGE
11753 NW 27T	'H ST	11753 NW 27TH ST			·
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33					
US		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
2. Principal F	Place of Business	2a, Mailing Address			10/16/1989 4. FEI Number Applied For
21 26		— ·			65-0153563 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6, Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country Zip		<del>-</del>	Country		This corporation owes the current year Intangible
24	9. Name and Address of Current		30		Personal Property Tax. Yes SNo
<del></del>	g. Name and Address of Curren	t Registered Agent	8.	1 Name	10. Name and Address of New Registered Agent
UDV	ARHELY, DENNIS J		Ľ	Name	
11753 NW 27 ST			82 Street A		fress (P.O. Box Number is Not Acceptable)
COF	RAL SPRINGS FL 33065		8:	3	1440
CORAL SPRINGS FL 33065  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes					
			84	4 City	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abov	/e-named corr	poration submits this statement for the purpose of changing its registered
Office of r	egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida. Such change was aut	horized by	√ the corporati	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	ining and decopt the obligat	10110 01, 0001011 007.0000, 1 10110	ad Otatote	J.	•
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Age	ent signature require	ed when reinstating) DATE
12.	r*	S AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT DELETE		1.1 TITLE		☐ Change ☐ Addition
NAME	UDVARHELY, DENNIS J.		1.2 NAME		
STREET ADDRESS	11753 NW 27TH ST		1.3 STREE	ET ADDRESS	
C/TY-ST-Z/P			1.4 CITY-1	ST-ZIP	
TITLE			2.1 TITLE		☐ Change ☐ Addition
NAME	UDVARHELY, KATHY L.		2.2 NAME		
STREET ADDRESS	11753 NW 27TH ST CORAL SPRINGS FL 33065			T ADDRESS	
CITY-ST-ZIP TITLE	CONAL SPRINGS FL 33003	☐ DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			3.4. CITY-	i	
TITLE		☐ DELETE	4.1 TITLE	3. <b>2.</b>	☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREE	TADDRESS	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	-
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	

I 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, 200 an attachment with an address, with all other like empowered.

SIGNATURE: