

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L34488** (1)

1. Corporation Name
C & J PROVISIONS, INC.



Principal Place of Business

4611 S. UNIV. DR
SUITE 411
DAVIE FL 33328
US

Mailing Address

4611 S. UNIV DR.
SUITE 411
DAVIE FL 33328
US

2. Principal Place of Business

21 4611 S. UNIV. DR
22 SUITE 411
23 DAVIE FL
24 33328

2a. Mailing Address

26 4611 S. UNIV. DR
27 SUITE 411
28 DAVIE FL
29 33328

9. Name and Address of Current Registered Agent

~~RAY, JEANINE
9005 NW 10TH ST
PEMBROKE PINES FL 33024~~

3. Date Incorporated or Qualified
12/07/1989

3a. Date of Last Report
04/26/1995

4. FEI Number
65-0159932

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. 193.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name **Craig RAY**
82 Street Address (P.O. Box Number is Not Acceptable) **9005 NW 10th**
83 **9005 NW 10th**
84 City **Pembroke Pines FL** 85 Zip Code **33024**

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

SIGNATURE

Craig Ray
Signature typed or printed name of registered agent and applicable to:

Date of Appointment of Registered Agent: **3/11/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAY, CRAIG	
STREET ADDRESS	9005 NW 10TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAY, JEANINE	
STREET ADDRESS	9005 NW 10TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	HOFFMAN, Karen	
3. STREET ADDRESS	9005 NW 10th	
4. CITY-ST-ZIP	PEMBROKE PINES FL 33024	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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 119.07(3)(k), 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:

Craig Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig Ray 3/11/96 (954) 437-9512
Date of Filing

CR2E034 (12/95)