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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L38194

(1)

L.J.J. ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED May 06 1997 8:00am Secretary of State



| A495 CURRY FORD ROAD ORLANDO FL 32812 | | | 4435 CURRY FORD ROAD ORLANDO FL 32812-2708 | | | | |
|--|--|--|---|---------------------|---|--|--------------------------------|
| | | | | | 3. Date incorporated or Qualified 12/26/1989 | 3a. Date of Last 6 05/01/1996 | Report |
| 2. Principal P | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | I | pplied For |
| 21 | | 26 | 26 | | 59-3000545 | Not Applicable | |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | City & State | | Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | 28 | | Trust Fund Contribution | | |
| Ζφ | Country | Zip | Country | | 8. This corporation has liability for inlangible tax under s. 199.032, | | |
| 24 | 25 29 30 | | 30] | Florida Statutes | | | |
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New Reg | listered Agent | |
| | i, JAMES N. | | [| 81 Name | | | |
| | CURRY FORD ROAD ANDO FL 32812 | | B2 5 | | Street Address (P.O. Box Number is Not Acceptable) | | |
| ONL | MIDO I C 020 IZ | | 7 | 83 | | | |
| | | | | 84 City | | FL 85 Zip | Code |
| office or re | to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl | ate of Florida. Such change was | authorized | by the corpor | orporation submits this statement for the paration's board of directors. I hereby accep | urpose of changing t the appointment as | its registered s registered |
| SIGNATURE | Signature, typed or printed name of registered | O/A) aldesileds I applicable (NO | 11: Booistered | Agont signature rec | quired when reinstating) | DATE | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | RS IN 12 |
| TITLE | D | DELETE | 1.1 10) | .f | | Change | Addition |
| NAME | ONG, JAMES NELSON | | 1.2 NAI | At | | | |
| STREET ADDRESS | 4435 CURRY FORD ROAD | · | 1,3 STF | EFT ADDRESS | | | |
| :CiTY-ST-ZIP | A 20 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | 1.4 CiT | Y-ST-ZiP | | | Ì |
| TITLE | D | DELETE | 2 1 TITI | .E | | Change | Addition |
| NAME | ONG, JOHN ROBERT | | 22 NA | AF | | | |
| STREET ADDRESS | 4435 CURRY FORD ROAD | | 2.3 S16 | EET ADDRESS | | | |
| CITY-ST-ZIP | | | 2 ≰ 011 | Y - S1 - ZIF | <u> </u> | | |
| TITLE | D DELETE | | 3.1 7fT | .f | | ☐ Change | Addition |
| NAME | ong, william lyndon | | 3.2 NA | AE] | | | |
| STREET ADDRESS | 4435 CURRY FORD ROAD | | 3.3 STH | EE I ADDRESS | | | İ |
| ,CITY-ST-ZIP | ORLANDO FL | | | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 111 | .E | | Change | Addition |
| NAME | | | 4. 2 NA | ME | | | |
| STREET ADDRESS | | | 4.3 STF | EET ADDRESS | | | Į |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | |
| TITLE | | DETELE | 5.1 177 | | | Change | Addition |
| NAME | | | 5.2 NA | | | | |
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| CITY-ST-ZIP | | F-1-22-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2 | | Y-ST-ZIP | | | |
| TITLE | | DELETE | 6.1 111 | - 1 | | ☐ Change | L_ Addition |
| NAME | | | 6.2 NA | | | | |
| STREET ADDRESS | | | | ECT ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4,CI1 | Y-ST-7IP | | | |

I do hereby certify that the information supplied with this filing doos 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 further 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

NULANAM