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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

JMJ BUILDING CO.

SIGNATURE:

DOCUMENT # L51590

(2)

FILED May 01 1996 8:00 am Secretary of State



	f Rusinoss	Mailing Addre						
Principal Place of Business C/O JOHN PALUMBO 499 S.R. 434 NORTH. SUITE 2149 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS Mailing Address C/O JOHN PALUMBO 499 S.R. 434 NORTH. ALTAMONTE SPRINGS								
						3. Date Incorporated or Qualified 02/16/1990	3a. Date of Les 05/01	st Report 1/1995
2. Principal Place	e of Business	2a. Mailing Ad	ddress			4. FEI Number 59-2997885		Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt	t. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional se Required
City & State		City & Sta	City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be	
3 Zip	Country	Zip		Country	y	8. This corporation has liability for	intangible tax unde	
4	25	29	30	<u> </u>		Florida Statutes Yes 10. Name and Address of New R	<u> </u>	
	9. Name and Address of Curr	ent Hegistered Age		81	Name	to. Name Bild Addises of New I	ingistoreo Agent	
	BO, JOHN			82		dress (P.O. Box Number is Not Acceptab	ole)	
499 S.R. SUITE 2	. 434 NORTH 149			83	}			
ALTAMO	INTE SPRINGS FL 32714			84	City		FL 85	Zip Code
or registered	the provisions of Sections 607.05 d agent, or both, in the State of Fix , and accept the obligations of, Se	onda. Such change w	/as autnorized E	he above- by the con	-named corp- poration's bo	oration submits this statement for the pur aard of directors. I hereby accept the app	Ontinent as regist	ered agent. I am
SIGNATURE	gnature, typed or printed name of registered ag		(NOTE F		ent signature requ	red when reinstating)	DATE	CTORS IN 12
12.		AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFF	Cha	
nitiE		Ц	DELETE	1, 1 TITLE				go
NAME	PALUMBO, JOHN 499 S.R. 434 NORTH,#21	140		1.2 NAME				
STREET ADDRESS	ALTAMONTE SPRINGS FI				T ADDRESS			
C(1Y-S1-Z(P	ALIAMONIE SPRINGS II		DELETE	1.4 C(TY- 2 1 T(TLE			Cha	nge Addition
TITLE		Ц	beere	2 2 NAME			_	_
NAME STHEET ADDRESS					T ADDRESS			
				24 CITY -				
CITY-ST-ZIP TITLE			DELETE	3 1 TITLE			☐ Cha	nge 🔲 Addition
NAME		_		3.2 NAME	: [
STREET ADDRESS				3.3 STRE	ET ADDRESS			
CITY - S1 - ZIP				3.4 CITY-	ST-ZIP			
TITLE			DELETE	4. 1 TITLE			☐ Cha	rge 🗌 Addition
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREE	ET ADDRESS			
CiTY-ST-ZiP				4.4 CITY-				rge 🗍 Addition
TITLE			DELETE	5. 1 TITLE			☐ Cha	is ås □ voougu
				5.2 NAME				
NAME					ET ADDRESS			
				5.4 CITY			☐ Cha	nge 🔲 Addition
STREFT ADDRESS CITY - ST - ZIP			DOLCTE					
STREET ADDRESS CITY-ST-ZIP			DELETE	6. 1 TITL				Inge Thosaid.
STREFT ADDRESS CITY ST-ZIP TILLE NAME			DELETE	6.2 NAM	E .			inge 🛅 resilen
NAME STREFT ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	6.2 NAM	ET ADDRESS			nge Litesien