

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

APPROVED
AND
FILED

97 MAY 27 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **L91246**
1. Corporation Name
S.J.A. Enterprises, Inc.

Principal Place of Business Mailing Address
**12650 Valimar Rd.
New Port Richey, Fl 34654**

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 8/31/90 | 1996 |
| 22 | City & State | 27 | City & State | 4. Fed Number | Applied For Not Applicable |
| 23 | Zip | 28 | Zip | 59-3024719 | |
| 24 | Country | 29 | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | 30 | | 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Suzanne J. Anderson
12650 Valimar Rd.
New Port Richey, FL 34654**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 600002200435-4 -06/03/97-01109-005 |
| 84 | City |
| | ****165.00 ***165.00 FL 85 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 _____
Signature, typed or printed name of registered agent and fiscal representative (NOTE: Registered Agent signature required when registering) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | President <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Suzanne J. Anderson | 1.2 NAME | |
| STREET ADDRESS | 12650 Valimar Rd. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | New Port Richey, Fl 34654 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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, or on an attachment with an address.

SIGNATURE: **Suzanne J. Anderson, President** 5/9/97
Signature, typed or printed name of signing officer or director _____ Date _____
Daytime Phone # _____

CR2E034 (9/96)