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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthem

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** M10482 (1)

J. J TEXTILES, INC. Principal Place of Business Mailing Address 15020 N LONGBOW BEND 15020 N LONGBOW BEND DAVIE FL 33331 DAVIE FL 33331-2949 3a. Date of Last Report 3. Date Incorporated or Qualified 01/25/1985 04/23/1996 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 59-2521883 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 📕 Yes 🔲 No 30 Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JOFFEY, PHILLIP 15020 N LONGBOW BEND Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33331** 63 84 Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96 6 13. PD DELETE Change Addition TITLE 1.1 TITE JOFFEY, PHILIP 1.2 NAME CR2E034 15020 N LONGBOW BEND STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL 1.4 CITY - ST - ZIP CITY - ST - ZIP VSD DELETE 2.1 TITLE Change Addition THUE Joffey, Sharon NAME 22 NAME 15020 N LONGBOW BEND STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL 2.4 CITY - ST - ZIP CITY-SI-7/P DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S?-7P DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-S1-218 DELETE Change Addition 6.1 TITLE THE

6.4 CITY - ST-2iP 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

62 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Adda Hiller

**FILED** 

May 05 1997 8:00am

Secretary of State