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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M28626 1. Corporation Name

E J O, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90049 023 ***150.00



Principal Place of Business Mailing Address								· I todiodil ila sidel fatte anne mete ditte	101 818		TIBIL BI	1911 81811 1681
7836 N.W. 44TH STREET 7836 N.W. 44TH STREET SUNRISE FL 33351 SUNRISE FL 33351												
							L-	DO NOT WRITE IN	THIS S	PACE		
	•		,				3.	Date Incorporated or Qualifed 03/10/1986				
2. Principal P	ace of Business	2a.	Mailing Address				4.	FEI Number			Apr	plied For
21		26					j	59-2654360			Not	t Applicable
Suite, Apt.			Suite, Apt. #, etc.				77	Certificate of Status Desired		\$8.	75 A	dditional
22		27		•			_ 5.	Certificate of Status Desired		² 'Fé	e Re	quired
City & Stat	9		City & State				6.	Election Campaign Financing		\$5	.00	May Be
23		28						Trust Fund Contribution		Ad	ded to	o Fees
Zip	Country		Zip	Count	try		8.	This corporation owes the current year	ar Inta	ngible		
24	25	29		30				Personal Property Tax.		Yes Yes		□No
	9. Name and Address of Curre	nt Regis	tered Agent				10.	Name and Address of New Registe	ered A	gent		
				1	31	Name						
	/ALD, JANET G			-	32	Street Add	troce (E	P.O. Box Number is Not Acceptable)				
1021 SW 22ND STREET					2	Jueer Auc	11 cesu (L				_	
FT L	AUDERDALE FL 33315			1	33		~					
				L	_					11		<u> </u>
į				ļŧ	34	City		•	FL	85	Zip C	ode
44 Dureupat	to the provisions of Sections 607.05	02 and 6	07 1508 Florida Statut	es the abo	ove	-named cor	poration	n submits this statement for the purpo	se of c	سلسلہ hangir	ng its	registered
office or r	agistored agent or both in the State	a of Florin	ta. Such change was a	utborzed i	hv 1	the comorat	ion's bo	oard of directors. I hereby accept the a	ppoin	ment :	as reç	gistered
agent. I a	m familiar with, and accept the oblig	ations of	, Section 607.0505, Fig.	onda Statut	es.	•						
SIGNATURE			Mary Mote	- Begintered A		t signature requir	nd uthon f	reinstating) DA1	ř.			
40	Signature, typed or printed name of registered age OFFICERS A			13.	gent	i signaturo requir		ADDITIONS/CHANGES TO OFFICER		DIRE	СТО	RS IN 12
12.	DP	AD DITTE	DELETE	1.1 TITL	F			ADDITIONS OF A WOLD TO SET USE.	<u> </u>	Cha		☐ Addition
	OSWALD, ERIC J.			1.2 NAM						_	•	_
NAME			•									
STREET ADDRESS	1021 S.W. 22 STREET	407				ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33315-2	421		1.4 CITY		r-ZIP				Cha	2000	☐ Addition
TITLE	8		☐ DELETE	2.1 TITL							nigo	
NAME	OSWALD, J. GOEDDERTZ			2.2 NAW	ΙE							
STREET ADDRESS	}			2.3 STR	EET	ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33315-2	427	<u> </u>	2.4 CIT	Y-S1	T-ZIP	<u>. </u>			-	<u> </u>	
TITLE			☐ DELETE	3.1 ™	E	[☐ Cha	ange	Addition
NAME				3.2 NAM	ΙE							
STREET ADDRESS				3.3 STR	EET	ADDRESS						
CITY-ST-ZIP			_	3.4, CIT	Y-S1	T-ZIP						<u>-</u>
TITLE			DELETE	4.1 TITL	E					Cha	ange	☐ Addition
NAME	·			4. 2 NA	ИE	1						
STREET ADDRESS				4,3 STR	EÉT	ADDRESS						
CITY-ST-ZIP			•	4.4 CITY		1						
TITLE			DELETE	5.1 TITL						Cha	ange	Addition
Į.	•			5.2 NAM				•				
NAME						ADDRESS						
STREET ADDRESS				5.4 CITY		ļ						
CITY-ST-ZIP	·		☐ DELETE	6.1 TITL						Cha	ange	Addition
TITLE			المنتدان ال	6.2 NAM								_
NAME					-							

14. I 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 driven attacylingnt with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS