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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M39997

1. Corporation Name

P.J.M.A.	ENTERPRISES INC.												
Principal Place	of Business	Mi	ailing Address				1	100; 2014 100 then 1040 mile	(B3) (BB W10 3 B5	HI BIBIL BI	(B)) B)9))	# 1841 18 9 1	
C/O CECIL GOFF 941 TANGLEWOOD CIRCLE WESTON FL 33327 US C/O CECIL GOFF 941 TANGLEWOOD CIRCLE WESTON FL 33327 US US				CLE				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
US		00						0/14/1986	,			ĺ	
2 Principal Pl	ace of Business	2a.	, Mailing Address					1 Number			Applie	d For	
21	ade of Business	26		•				OT APPLICABLE	-	.	Not Ap	plicable	
Suite, Apt. :	#, etc.	1201	Suite, Apt. #, etc.					ertifcate of Status Desired		·	5 Addi		
22		27					5. CE	efficate of Status Desired		Fee	Requi	red	
City & State)		City & State				6. Ele	ection Campaign Financin	g 🗆		00 Ma	,	
23		28	<u> </u>					ust Fund Contribution			led to F	ees	
Zip	Country	Ь	Zip		intry		-	nis corporation owes the co	urrent year Inta			N-	
24	25	29		30				ersonal Property Tax. ame and Address of Nev	v Panietarad A	Yes		140	
	9. Name and Address of Curren	t Regis	tered Agent		81	Name	10, Na	ame and Address of Nev	· Kegistered A	gent			
FAYA	ND, AFIF NAGIB				1 1								
	ELM GROVE ROAD				82	Street Addre	ress (P.O.	. Box Number is Not Acce	ptable)			-	
	TON FL 33327				83								
					84 (City			FL	85 2	Zip Cod	9	
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligating signature, typed or printed name of registered ager	of Floric tions of,	da. Such change was f, Section 607.0505, F	s autnorized Florida Stat	utes.	e corporatio	on s doard	stating)	DATE	unera a			
12.	OFFICERS AN	ID DIRE		13.			ADI	DITIONS/CHANGES TO	OFFICERS AN	D.DIRE		IN 12	
TITLE	PD									Ch			
NAME	MIGUEL, PEDRO J		☐ DELETE	1.1 TA	TLE					☐ Cha	nge (Addition	
STREET ADDRESS			☐ DELETE	1.2 N	AME					☐ Chai	nge (
	941 TANGLEWOOD CIRCLE		☐ DELETE	1.2 N		DDRESS			,	☐ Char	nge (
CITY-ST-ZIP	WESTON FL 33327			1.2 N 1.3 S 1.4 C	AME TREET AL							Addition	
TITLE	WESTON FL 33327 VD	·***	☐ DELETE	1.2 N 1.3 S 1.4 C 2.1 Ti	AME TREET AL ITY-ST-Z ITLE			int s		☐ Chai			
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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 of 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP