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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07110 (0)

1. Corporation Name
E J P INDUSTRIES, INC.

Principal Place of Business

~~10043 ROYAL PALM BLVD 275~~
~~P.O. BOX 8821~~
~~CORAL SPRINGS FL 33075-8821~~

Mailing Address

P.O. BOX 8821
P.O. BOX 8821
CORAL SPRINGS 33 33075-8821
US



3. Date Incorporated or Qualified 08/15/1985
3a. Date of Last Report 08/07/1996

4. FEI Number 13-2789519
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 ☒ No

2. Principal Place of Business

21 2528 University Dr., #446

2a. Mailing Address

Suite, Apt. #, etc.

22 P.O. Box 8821

27 City & State

23 Coral Springs, FL 33075

28 Zip

Country

24

25

29 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRONGER, D E
~~10043 ROYAL PALM BLVD~~
~~STE-275~~
CORAL SPRINGS FL 33065

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

2528 University Dr., #446, PO Box 8821

B3 Coral Springs, FL 33075

B4 City

FL

B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTDS ☐ DELETE
NAME PRONGER, E.J.
STREET ADDRESS ~~10043 ROYAL PALM BLVD 275~~
CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2528 University Dr., #446, PO Box 8821
1.4 CITY-ST-ZIP Coral Springs, FL

TITLE AS ☐ DELETE
NAME PRONGER, D.E.
STREET ADDRESS ~~10043 ROYAL PALM BLVD 275~~
CITY-ST-ZIP CORAL SPRINGS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2528 University Dr., #446, PO Box 8821
2.4 CITY-ST-ZIP Coral Springs, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: _____ Director

Certified Mail #P-868-378-054

4-14-97

Date Daytime Phone #

CR21004 (9/96)