

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley E. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P40997**

(9)

1. Corporation Name

FJS PROPERTIES, INC.



Principal Place of Business

**264 ROUTE 537 EAST
COLTS NECK NJ 07722**

Mailing Address

**264 ROUTE 537 EAST
COLTS NECK NJ 07722**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LIEBOWITZ, SHELDON
2600 EAST COMMERCIAL BLVD
SUITE 213
FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified

10/08/1992

3a. Date of Last Report

02/21/1995

4. FEI Number

13-3254175

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. The corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01002 and 607.11003, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01003, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

1. Title

NAME

2. State, Apt. #, etc.

3. City & State

4. Title

NAME

5. State, Apt. #, etc.

6. City & State

7. Title

NAME

8. State, Apt. #, etc.

9. City & State

10. Title

NAME

11. State, Apt. #, etc.

12. City & State

13. Title

NAME

14. State, Apt. #, etc.

15. City & State

16. Title

NAME

17. State, Apt. #, etc.

18. City & State

19. Title

NAME

20. State, Apt. #, etc.

21. City & State

22. Title

NAME

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Title

NAME

2. State, Apt. #, etc.

3. City & State

4. Title

NAME

5. State, Apt. #, etc.

6. City & State

7. Title

NAME

8. State, Apt. #, etc.

9. City & State

10. Title

NAME

11. State, Apt. #, etc.

12. City & State

13. Title

NAME

14. State, Apt. #, etc.

15. City & State

16. Title

NAME

17. State, Apt. #, etc.

18. City & State

19. Title

NAME

20. State, Apt. #, etc.

21. City & State

22. Title

NAME

14. I hereby certify that the information supplied to the filer is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information is true and correct, and that my signature shall have the same legal effect as if made under oath. 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 of this change of corporation filing with an address.

SIGNATURE: **Andrew C. Alison** **ANDREW C. ALISON, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96
DATE

908-542-9209
TELEPHONE NUMBER

CR2E034 (12/95)