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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P92000002090 (8)

**DOCUMENT #** 1. Corporation Name

JLJ ENTERPRISES, INC.		
Principal Place of Business	Mailing Address	The state of the s
20562 TAHITIAN BLVD.	P.O. BOX 1412	

Principal Piace	of busiless	Mailing Address			
20562 TAHITIAN BLVD. ESTERO FL 33928 US		P.O. BOX 1412 ESTERO FL 33928 US			
•				3. Date Incorporated or Qualified 11/02/1992	3e. Date of Last Report 04/18/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0367812	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes Yes	intangible tax under s. 199.032,
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New R	egistered Agent
-20041- - <del>Penth</del> Ester	IY, PAUL E CUMBERLAND COURT COUSE 3 O FL 33928		83 City	MNDRY PAW  Iress (P.O. Box Number is Not Acceptable SZ TAHITIAN  STERO	FL 85 Zip Code
Į.	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	2 and 607.1508, Florida Statut da. Such change was authoriz ion 607.0505, Florida Statutes	es, the above-named corpored by the corporation's boats.	oration submits this statement for the pur and of directors. I hereby accept the appr	pose of changing its registered office bintment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NC	OTE: Registered Agent signature requir	ed when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE	PTD	Change Addition
NAME	LANDRY, PAUL E.		1.2 NAME	ANDRY, PAUL	<i>z</i> .
STREET ADDRESS	20041 CUMBERLAND COU	RT	1.3 STREET ADDRESS 2	0562 TAHITI	AN BLUD
CITY-ST-2IP	ESTERO FL		14 CITY-ST-ZIP	ESTERO, KK	. 33928
TITLE	VPSD	☐ DELETE	2 1 TITLE	•	Change Addition
NAME	MCDONALD, JAMES		22 NAME		
STREET ADDRESS	4484 N. KINGTREE AVE.		2 3 STREET ADDRESS		i
CITY-ST-ZIP	LANCASTER CA		2.4 CITY-ST-ZIP		
TITLE		DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		<u>.</u>
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5. 1 TITLE		Change Addition
NAME		<b>L</b>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		<del> </del>
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6 1 TITLE		Change Addition
TITLE		LI precie			
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
DITY DT TID	I		C 4 CITY CT 7IO		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in changed, or on an attachment with an address

SIGNATURE AND TYPED ON PRINTID MALE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/24/86 941-488-1792 Date Date Daysine Phone #