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

Mailing Address

2400 E COMMERCIAL BLVD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000010648

1. Corporation Name

Principal Place of Business

2400 E COMMERCIAL BLVD

S AND J HOLDINGS, INC.

FT LAUDERDALE FL 33308		FT LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE		
T DIODENOILE					3. Date Incorporated or Qualifed		
					12/08/1992		/
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	oplied For
21		26			65-0374402	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	* *	Additional
22		27			5, Continuate of Otatas Basinos	Fee Re	equired
City & State	9	City & State			6. Election Campaign Financing	•	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	_ Country		8. This corporation owes the current year		п.,
24	25	29 3	0		Personal Property Tax.	Yes	□ Nio
	Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
0.4	N/ TIONEO M		81	Name			
	RK, THOMAS M		82	Street	Address (P.O. Box Number is Not Acceptable)		
	E COMMERCIAL BLVD						
	E 820		83				
FT L	AUDERDALE FL 33308		84	City		. 85 Zip	Code :
İ				1	•	·L	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was auti	nonzea ov	the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its pointment as re	registered egistered
SIGNATURE		<u></u>					
	Signature, typed or printed name of registered agen			nt signature r	equired when reinstating) DATE	AND DIDECT	ODS IN 12
12.		D DIRECTORS A DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE !	D	№ DELETE	1,1 TITLE	Ø	Koher Schulch (* 17	24 o	
NAME	CLARK, THOMAS M		1.2 NAME		DERIFICE BOLL FL 33	zerul	
STREET ADDRESS	2400 E COMMERCIAL BLVD #8	820		TADDRESS	DERIFICIÓ BOLLIFLOS	ודרכ	
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	P	☐ DELETE	2.1 TITLE			Clange	
NAME	WEISS, SAM R		2.2 NAME				
STREET ADDRESS	3100 NE 48 ST		2.3 STREE	TADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-5	ST-ZIP			- Addition
TITLE	VP	☐ DELETE	3.1 TITLE			Change	Addition
NAME	MURO, JAMES E		3.2 NAME				
STREET ADDRESS	1211 SW 5TH AVE.		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432		3.4. CITY- S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
1 DIRECTADORESS					1		

6.4 CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90261 033 ***150.00



CR2E034 (11/98)

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 on an attachment with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #