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

DOCUMENT # 1. Corporation Name

1996

P93000013941 (8)

JOHN L. ENTERPRISES OF SOUTH FLORIDA INC.



Principal Place of Business Mailing Address					98111 98161 1/9 1	I (II BEBRE 1101 100)	
4774 N.W. 42ND STREET LAUDERDALE LAKES FL 33319 4774 N.W. 42ND STREET LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319								
					3. Date incorporated or Qualified 02/15/1993	3a. Date 06	of Last F /08/19	
Principal Place of Business 1	2a. Mailing Address 26	٦			4. FEI Number 65-0386645			Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Zip Country 25	Zip 29	Coun	ntry		8. This corporation has liability for in Florida Statutes Yes		under s	199.032,
9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered A	gent	
1544444		18	81	Name			· · · · · · · · · · · · · · · · · · ·	
LEANNAIS, JOHN 4774 N.W. 42ND STREET LAUDERDALE LAKES FL 33319			82	Street Addres	ss (P.O. Box Number is Not Acceptable	e)		
			В3					
		- 1	- 1	City		FL		p Code
Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signal Fe, typed or printed name of registered ago:	nt and title if applicable. (NOTE:			amed corporation's board	4/25	ose of chandintment as n	iging its i	registered office d agent. I am
7 7 7	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFK	CERS AND E	DIRECTO	DRS IN 12
TILE D	☐ DELETE	1. 1 TITL	LE				Change	☐ Addition
NAME LEANNAIS, JOHN SIREET ADDRESS 4774 N.W. 42ND STREET		1.2 NAM	ΝE					
LAUDEDDALE LAVED EL AN	210	1.3 STRE	EET AE	DDRESS				
TITLE		1.4 CiTY		ZIP				
NAME	☐ DELETE	2 1 TITL					Change	☐ Addition
STHEET ADDRESS		2 2 NAM						i
C-TY-ST-ZIP	,	2.3 \$TRE		l l				
TITLE	DELETE	2.4 CITY 3. 1 TITL		ZIP			Change	Addition
NAME	_	3.2 NAM				ш	Ollange	
STREET ADDRESS		3.3. STRI		DDRESS				ł
CITY-ST-ZIP		3.4 CITY						ļ
TITLE	☐ DELETE	4. 1 TITL	.E				Change	Addition
NAME		4.2 NAMI	ΙE					
STREET ADDRESS		4.3 STRE	ET AD	DORESS				
CiTY-ST-ZiP		4.4 CITY	_	ZIP				
TITLE	DELETE	5. 1 TITLI					Change	☐ Addition
NAME		5.2 NAMI	_					j
STREET ADDRESS		53 STRE						
CITY-ST-ZIP TITLE	DELETE	5.4 CITY		ZIP				
NAME		6. 1 TITLE					Change	Addition
STREET ADDRESS		6.2 NAME						
CITY-ST-ZIP		6.3 STREI						
14. I do hereby certify that the information supplied	with this filing is voluntarily furnished	6.4 CITY- ed and do	- 51-7 ces n	or pualify for	the exemption stated in Section 119.0	7/3)/k) Florid	a Statut	as 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 3 if changed, or on an attachment with an address.

SIGNATURE: TONO LEAVER OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN LEAVENTS

305 484 8094 Daytine Prone #