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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90013 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018327

1. Corporation Name

S & J EXPRESS, INC.

Principal Place of Business

1120 EVANGELINE AVE.
ORLANDO FL 32809
US

Mailing Address

1120 EVANGELINE AVE.
ORLANDO FL 32809
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1993

4. FEI Number

59-3174926

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

PRESLOPSKY, JOHN A
1120 EVANGELINE AVE.
ORLANDO FL 32809

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 607.0502 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

Signature, typed or printed name of registered agent and address, if applicable.

(NOTE: Registered Agent's Signature)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PRESLOPSKY, JOHN A
STREET ADDRESS 1120 EVANGELINE AVE.
CITY-ST-ZIP ORLANDO FL

TITLE VT
NAME PRESLOPSKY, STEPHEN P
STREET ADDRESS 1120 EVANGELINE AVE.
CITY-ST-ZIP ORLANDO FL

TITLE ST
NAME PRESLOPSKY, CLARICE M
STREET ADDRESS 1120 EVANGELINE AVENUE
CITY-ST-ZIP ORLANDO FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 an address, with all other like empowered.

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/99 1-407-859-1144

CR2E034 (1/98)