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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000023443 (3)

1. Corporation Name
SDJ OF ST. CLOUD, INC.

Principal Place of Business

1361 WOODLAKE CIR.
ST. CLOUD FL 34769
US

Mailing Address

2303 SW 17TH STREET
SUITE 204
OCALA FL 34471-9109
US



3. Date Incorporated or Qualified
03/24/1993

3a. Date of Last Report
04/10/1996

4. FEI Number
59-3172203

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

MCINTEE, JOHN E
241 E. RUBY AVENUE
SUITE A
KISSIMMEE FL 34741

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
MODY, J. K
STREET ADDRESS
1361 WOODLAKE CIRCLE
CITY-ST-ZIP
ST. CLOUD FL

TITLE ☐ DELETE

NAME
STD
MODY, DOROTHY
STREET ADDRESS
1361 WOODLAKE CIRCLE
CITY-ST-ZIP
ST. CLOUD FL 34769

TITLE ☐ DELETE

NAME
D
MODY, STEVEN I
STREET ADDRESS
1361 WOODLAKE CIRCLE
CITY-ST-ZIP
ST. CLOUD FL 34769

TITLE ☐ DELETE

NAME
D
MODY, NEELA
STREET ADDRESS
1361 WOODLAKE CIRCLE
CITY-ST-ZIP
ST. CLOUD FL 34769

TITLE ☐ DELETE

NAME
D
MODY, GITA S
STREET ADDRESS
1361 WOODLAKE CIRCLE
CITY-ST-ZIP
ST. CLOUD FL 34769

TITLE ☐ DELETE

NAME
D
MODY, SORAYA
STREET ADDRESS
1361 WOODLAKE CIRCLE
CITY-ST-ZIP
ST. CLOUD FL 34769

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE Jayant K. Mody, Debora P. Pitarczyk

CR2E034 (9/96)