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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000027604 (6) DOCUMENT #

J.T.J.R. CORPORATION

## **FILED** May 12 1998 8:00am Secretary of State



(407)

d agent, or both, in the State of ar with, and accept the obligation of the obligati	r and 607.1508, Florida Stalute of Florida Such change was a tions of, Soction 607.0505, Flo candithe Implicable (NOIE	Country 30 43 81 82 83 84 ess, the above unthorized by rida Statutes	Name Street Ad  City -named co	4. FEI Number 65-0400217  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes or has personal Property Tax due June  10. Name and Address of New Residess (P.O. Box Number is Not Acceptations submits this statement for the ration's board of directors. I hereby acceptance of the control of the ration's board of directors. I hereby acceptance of the control of th	aid the current ye 30. Yeseglstered Agen	No. 3.75 / Fee Re 5.00 Added to rear Integration to the second to the se	No Code s registered
Country  25 DLS A  ame and Address of Current  RONALD G  STREET  AD FL 33030  rovisions of Sections 607 0502 d agent, or both, in the State of a with, and accept the obligations of the obligation of the control of the obligation of the profession of the obligation of the profession of the obligation	Suite, Apl. #, etc.  27  City & State  28 / ISS/MMSE  Zip  29 34/158  Registered Agent  Find 607 1508, Florida Statute of Florida Such change was a bions of Sochon 607 0505, Florida Statute of DIRE CIORS	Country 30 43 81 82 83 84 85, the above unthorized by rida Statute:	Name Street Ad  City -named co	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has personal Property Tax due June 10. Name and Address of New Residess (P.O. Box Number is Not Accepta	aid the current ye 30. Yeseglstered Agen	3.75 / Fee Re 5.00 Added 1 /ear Int s t	Additional squired  May Be to Fees angible  No  Code
Country  25	28 K(SS/MMEE Zip 29 34758 Registered Agent and 607, 1508, Florida Statute of Florida Such change was a tions of, Section 607, 0505, Flo caudate trippedate (NOTE DIRECTORS	81 82 83 84 85, the aboveurthorized by trida Statutes	Name Street Ad City S-named co	Trust Fund Contribution  8. This corporation owes or has parent personal Property Tax due June  10. Name and Address of New Residess (P.O. Box Number is Not Acceptal personal	aid the current ye 30. Yesegistered Agen ble)  PL 85 purpose of char	Added 1 rear Int s t	to Fees angible No Code s registered
Country  25	29 34758 Registered Agent  and 607.1508, Florida Statute of Florida Such change was a tions of, Section 607.0505, Flore and the tiggleater (NOTE)	81 82 83 84 85, the aboveurthorized by trida Statutes	Name Street Ad City S-named co	Personal Property Tax due June  10. Name and Address of New Re  idress (P.O. Box Number is Not Acceptal  corporation submits this statement for the ration's board of directors. I hereby acce	e 30. Yes	Zip (	No Code s registered
RONALD G STREET EAD FL 33030  revisions of Sections 607 0502 of agent, or both, in the State of a with, and accept the obligations of the obligations of the state of the obligations of the obliga	and 607, 1508, Florida Statute of Florida Such change was a tions of, Section 607,0505, Flo randstic tipplication (NOTE DDRECTORS	82 83 84 95, the above urthorized by rida Statute:	City  -named co	orporation submits this statement for the ration's board of directors. I hereby acce	FL 85	Zip (	s registered
STREET FAD FL 33030  Travisions of Sections 607 0502 and agent, or both, in the State of ar with, and accept the obligations of registered injections of the state of the stat	of Florida, Such change was a lions of, Section 607.0505, Flo caudstic Engyleable (NOIE ) DIRECTORS	82 83 84 95, the above urthorized by rida Statute:	City  -named co	orporation submits this statement for the ration's board of directors. I hereby acce	FL 85	nging it	s registered
d agent, or both, in the State of ar with, and accept the obligation of the obligati	of Florida, Such change was a lions of, Section 607.0505, Flo caudstic Engyleable (NOIE ) DIRECTORS	os, the above uthorized by orida Statute: 	e-named co the corpor	ration's board of directors. I hereby acce	purpose of char	nging it	s registered
d agent, or both, in the State of ar with, and accept the obligation of the obligati	of Florida, Such change was a lions of, Section 607.0505, Flo caudstic Engyleable (NOIE ) DIRECTORS	uthorized by rida Statute Registered Age	the corpor 3.	ration's board of directors. I hereby acce	purpose of char	nging it nent as	s registered registered
	6	13.		quired when reinstating)	DATE		
	I I DELETE			ADDITIONS/CHANGES TO OFFI			
NRZYNIAK, CAROL I-STEEPLECHASE EANE- SIMMEE FL-	_ J otter	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S		ELY HALIFAY DRIVE KISSIMMEE, FL.	34751	Change	Addition
	☐ DELETE				C	Change	Addition
	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS			Change	Addition
	☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET	ADDRESS		C	change	Addition
	☐ DÉLETE	5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS			Change	Addition
	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET	ADDRESS		□ c	change	Addition
aaa	nnual report or supplemental	DELETE  DELETE  DELETE  DELETE	2.2 NAME 2.3 STREET 2.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-5 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-5 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-5 1.1 THE 6.3 NAME 6	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  I DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1.1 The information supplied with this filing does not qualify for the exemption stated onual report or suppliemental amount report is true and accurate and that my signs	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.3 TITILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP  LIDELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  I the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Including report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as fithe corporation or the receiver or trustree empowered to execute this report as required by Chapter 607, Florida Statutes.	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP  DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  L DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1.1 The information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify the name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same legal effect as if made under or name of the same of the same legal effect as if made under or name or n	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP  DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP  DELETE 5.1 TITLE 5.2 NAME 5.5 STREET ADDRESS 5.4 CITY-S1-ZIP  DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-S1-ZIP  DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-S1-ZIP  Libe information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the nurse report or suppliemental anianal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the corporation or the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes, and that my name applied to the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes, and that my name applied to the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes, and that my name applied to the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes, and that my name applied to the supplied made of the report as required by Chapter 607, Florida Statutes, and that my name applied to the supplied made of the report as required by Chapter 607, Florida Statutes, and that my name applied to the receiver or trustee employer and the report as required by Chapter 607, Florida Statutes, and that my name applied to the receiver or trustee employer and the report as required by Chapter 607, Florida Statutes, and the report as required by Chapter 607, Florida Statutes, and the report as required by Chapter 607, Florida Statutes, and the report as required by Chapter 607, Florida Statutes, and the report as required by Chapter 607, Florida Statutes, and the report as required by Chapter 607, Florida Statutes, and the report as required by Chapter 607, Florida Statutes, and the report as required by Chapter 607, Fl