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

DOCUMENT # P9300040309 (5)

Country

E & J SERVICES INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

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rincipal Place of Business	Mailing Address
13485 PERSIMMON BLVD.	POST OFFICE BOX 210901
ROYAL PALM BEACH FL 33411	ROYAL PALM BEACH FL 33421-0901

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2a. Mailing Address

City & State

Ζιρι

Suite, Apt. #, etc.

FILED Apr 14 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

06/03/1993 4. FEI Number

65-0416626

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
MENDELSOHN, VICTOR 6261 W ALTANTIC BLVD #103 MARGATE FL 33063		81	Name				
		82	82 Street Address (P.O. Box Number is Not Acceptable)				
		83					
		84	City		85 2	ip Code	
				FL		·	
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the gistered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florida.	orized by	the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	changin ointment	g its registered as registered	
SIGNATURE							
		gistered Age	ent signature	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ODC IN 12	
TITLE		1.1 TOLE		ADDITIONS/GRANGES TO OFFICERS AND	Chang		
NAME	KRANNACKER, JIM	1.2 NAME					
STREET ADDRESS	13485 PERSIMMON BLVD	1.3 STREET	ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY - S	T-ZIP				
TITLE		2.1 TITLE			Chang	e 🔲 Addition	
NAME		2.2 NAME					
STREET ADDRESS		23 STREET	ADDRESS				
CITY-ST-ZIP		2 4 CITY-5	ST-ZIP				
TITLE	DELETE	3.1 TITLE			Chang	e Addition	
NAME)	i	3.2 NAME					
STREET ADDRESS		3.3 STREET	ADDRESS				
CITY-ST-ZIP		3.4. CITY - S	ST-ZIP				
TATLE	_	4.1 TITLE	l		Chang	pe 🔲 Addition	
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET					
TITLE		4.4 City-S 5.1 TitlE	1 - ZIP		Chang	e Addition	
NAME		5.2 NAME			Last Orient	,	
STREET ADDRESS	3	5.3 STREET	AUDRESS				
CITY-ST-ZIP		5.4 CITY-S					
TITLE		6.1 TITLE	1-24		Chang	e Addition	
NAME	-	6.2 NAME					
STREET ADDRESS	i i	6.3 STREET	ADDRESS				
CITY-ST-ZIP	1	64 CITY-S					
14. I hereby c	ertify that the information supplied with this filing does not qualify for the	e exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that	the information	

Country

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: Sim Kummacker

4-7-91

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