CR2F034 (11/9R)

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000040309

E & J SERVICES INC.

## FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90037 047 \*\*\*150.00



Principal Place of Business Mailing Address 13485 PERSIMMON BLVD. POST OFFICE BOX 210901 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33421-0901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/03/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0416626 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \_ \_ \_ Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MENDELSOHN, VICTOR 82 Street Addre 6261 W ALTANTIC BLVD #103 MARGATE FL 33063 83 84 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. 01 SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. ☐ DELETE Change 1.1 TITLE TITLE KRANNACKER, JIM 1,2 NAME NAME 13485 PERSIMMON BLVD 1.3 STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE 2.1 TITLE [ ] Change Addition TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change □ Addition TITLE 6.2 NAME NAME STORY SEED 6.3 STREET ADDRESS STREET ADDRESS

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 it changed, or on an attachment with an address; with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY\_ST\_ZIP