

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000043217 (7)**

1. Corporation Name

CJC ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **8903 GLADES RD
G16
BOCA RATON FL 33434
US**

Mailing Address: **955 TROPIC BLVD
DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified: **06/14/1993**

3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0425784

Not Applicable

State, Apt. #, etc.

State, Apt. # etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREY, CONSTANCE
955 TROPIC BLVD
DELRAY BEACH FL 33483**

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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent and the Corporation

Signature of New Registered Agent and the Corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV
NAME	BREY, CONSTANCE
STREET ADDRESS	955 TROPIC BLVD
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	DT
NAME	BREY, JOSEPH G
STREET ADDRESS	955 TROPIC BLVD
CITY, ST, ZIP	DELRAY BCH FL
TITLE	DP
NAME	D'ONOFRIO, JOSEPH J
STREET ADDRESS	9479-A BOCA GARDENS PKWY
CITY, ST, ZIP	BOCA RATON FL
TITLE	DS
NAME	D'ONOFRIO, CHRISTINA M
STREET ADDRESS	9479-A BOCA GARDENS PKWY
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.02(3)(c), Florida Statutes. I further certify that the information included 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, but I am not 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 1, or Block 11 if changed, or on an attached sheet with an address.

SIGNATURE: *Christina M D'Onofrio* *Christina M D'Onofrio* 4/26/95 407-488-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR