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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000049638 (8)

Mailing Address

CBJ REALTY, INC.

3. Date Incorporated or Qualified

07/09/1993

3a. Date of Last Report

05/01/1995

Added to Fees

C/O CHRIS JONES 1170 SUNSET STRIP. #205B SUNRISE FL 33313

Principal Place of Business

C/O CHRIS JONES 1170 SUNSET STRIP. #205B SUNRISE FL 33313

4. FEI Number Applied For 2. Principal Place of Business 65-0425154 Not Applicable Clo Chris Jones C/o \$8.75 Additional 5. Certificate of Status Desired Fee Required 9612 6. Election Campaign Financing \$5.00 May Be

9. Name and Address of Current Registered Agent 33351

8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent

Trust Fund Contribution

JONES, CHRIS 1170 SUNSET STRIP STE. 205-B SUNRISE FL 33313

81	Jones, Chris
82	Street Address (P.O. Box Number is Not Acceptable)
83	

or registered	the provisions of Sections 607.0502 and 607.1 d agent, officith, in the State of Florida. Such of , and agent the obligators of Section 607.05	nange was authorize	s, the above named co d by the corporation's	rporation submits this statement for the purpor board of directors. I hereby accept the appoint	se of changing its rement as registered	egistered offic agent. I am
SIGNATURE s	loyang Capet Capet Capet and a registered agent and title it according	istopher inti	F. Janes in Registered Agent signature la		3/2/16	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIPLE	D/	DELETE	. 1.11/ILE	Page (40)	Change Change	Addition
NAME	Jones, Chris		1.2 NAME	JOHES, CHIS		
STREET ADDRESS	1170 SUNSET STRIP, STE. 205-B		1.3 STREET ADDRESS	Jones, Chris 9612 NW 41 Street Sunrise FL 33351		
CITY - ST - ZIP	SUNRISE FL		1.4 CITY - ST - ZIP	SUNCISE 16 35351		
TITLE		DELETE	2 1 THLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST ZIP			24 CITY - ST 7-P			
TITLE		DELETE	3 1 TITLE		Change	Addition
NAME.			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
C-1Y-S1-ZiP			3.4 CHY - \$1 - ZIP			
TITLE		DELETE	4 1 TITLE		Change	Addition
NAME			4.2 NAME			
SURFEL ADDRESS			4.3 STHEET ADDRESS			
CITY-SI-ZIF			4.4 City - \$1 - ZiP			
TITLE		DELETE	5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY - ST - ZIP			54 CITY - S1 - ZiP			<u>-</u>
TITLE		DELETE	6 1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CiTY · ST - 7:P			6.4 CITY - S1 - ZIF			

Trace Dros

SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. To hereby cestify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1:9.07(3)(k), Florida Statutes. I further certify that the information indicated porthis annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or directly of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 final ged, or man attachment with an address 954-645-5415