

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000052618 (4)

1. Corporation Name

ETJ, INC.



Principal Place of Business

~~831 EAST PALMETTO PARK ROAD~~
~~BOCA RATON FL 33432~~ **33498-6723**
US

Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.
~~831 EAST PALMETTO PARK ROAD~~
~~BOCA RATON FL 33432~~
US
1650 Southeast 17th Street 301
Fort Lauderdale, FL 33316-1735

2. Principal Place of Business
21 **10416 PLAZA CENTRO**
Suite, Apt. #, etc.

2a. Mailing Address
26 **C/O GRUBER AND ASSOCIATES, P.A.**
Suite, Apt. #, etc.
27 **1650 Southeast 17th Street, #301**

23 **BOCA RATON, FL**
City & State
Zip **33498** Country **USA**

28 **Fort Lauderdale, FL**
City & State
Zip **33316-1735** Country **USA**

3. Date Incorporated or Qualified
07/23/1993

3a. Date of Last Report
07/25/1995

4. FEI Number
65-0424985
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THAL, JEAN

~~831 EAST PALMETTO PARK ROAD~~ **C/O GRUBER AND ASSOCIATES, P.A.**
~~BOCA RATON FL 33432~~ **1650 Southeast 17th Street, #301**
Fort Lauderdale, FL 33316-1735

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
C/O GRUBER AND ASSOCIATES, P.A.
83 **1650 Southeast 17th Street, #301**
84 City
Fort Lauderdale FL 85 Zip Code
33316-1735

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	THAL, JEAN	
STREET ADDRESS	831 EAST PALMETTO PARK ROAD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	THAL, EDWARD P	
STREET ADDRESS	831 EAST PALMETTO PARK ROAD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10416 PLAZA CENTRO
1.4 CITY-ST-ZIP	BOCA RATON, FL 33498-6723
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10416 PLAZA CENTRO
2.4 CITY-ST-ZIP	BOCA RATON, FL 33498-6723
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)