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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mouton
Secretary of State
TALLAHASSEE, FLORIDA 32304

DOCUMENT # **P93000056336 (9)**

F. Corporation Name

J & J FOSTER, INC.

PLEASE WRITE IN THIS SPACE

Principal Place of Business: **750 N.E. 199TH STREET #H206 MIAMI FL 33179**
Mailing Address: **750 N.E. 199TH STREET #H206 MIAMI FL 33179**

3. Date Prepared by Corporation: **08/11/1993** 3a. Date of Last Report: **04/06/1994**
4. FID Number: **65-0433401** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under the Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address:
21. State: 26. State:
22. City & State: 27. City & State:
23. City: 28. City:
24. City: 29. City:
25. County: 30. County:

9. Name and Address of Current Registered Agent
**FOSTER, JOHN
750 NE 199 ST
S H206
MIAMI FL 33179**

10. Name and Address of New Registered Agent
B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3. City:
B4. City: **FL** B5. Zip Code:

11. Pursuant to the provisions of Sections 847.05(1), 847.05(2), and 847.15(8), 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, concurring with and accepting the obligations of Section 847.05(8), Florida Statutes.

SIGNATURE: _____ (Print Name of Registered Agent or Registered Agent's Name) _____ (Print Name of Registered Agent or Registered Agent's Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
12-1 NAME: PD FOSTER, JOHN	12-2 STREET ADDRESS: 750 NE 199TH ST., #H206	13-1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 CITY, ST, ZIP: MIAMI FL 33179		13-3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 NAME: STD FOSTER, JORDANA	12-6 STREET ADDRESS: 750 NE 199TH ST., #H206	13-5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7 CITY, ST, ZIP: MIAMI FL 33179		13-7 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-8 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-9 NAME: _____	12-10 STREET ADDRESS: _____	13-9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-11 CITY, ST, ZIP: _____		13-11 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-12 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-13 NAME: _____	12-14 STREET ADDRESS: _____	13-13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-14 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-15 CITY, ST, ZIP: _____		13-15 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-16 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and given not equally for the purposes stated in Section 119.01(1), Florida Statutes. I further certify that the information is correct as the principal agent 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 person or persons empowered to make up the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change or as an alternate with an asterisk.

SIGNATURE: *John F. Foster* **JOHN F. FOSTER** 4/07/95
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
205-651-7970