

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 # **P93000056336 (9)**

1. Corporation Name
J & J FOSTER, INC.



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 Incorporated or Qualified: **08/11/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **3351 N.E. 202 ST.**
22 Suite, Apt #, etc.
22 City & State: **NORTH MIAMI BEACH, FL.**
23 Zip: **33180** Country: **USA**
24 **33180** 25 **USA**
26 **3351 N.E. 202 ST.**
27 Suite, Apt #, etc.
27 City & State: **NORTH MIAMI BEACH, FL.**
28 Zip: **33180** Country: **USA**
29 **33180** 30 **USA**

4. FEI Number: **65-0433401**
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
**FOSTER, JOHN
750 NE 199 ST
S H206
MIAMI FL 33179**

10. Name and Address of New Registered Agent
81 Name: **JOHN F. FOSTER**
82 Street Address (P.O. Box Number is Not Acceptable): **3351 N.E. 202 ST**
83
84 City: **NORTH MIAMI BEACH** FL 85 Zip Code: **33180**

11. Pursuant to the provisions of Sections 607.0507 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 is 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]* **JOHN F. FOSTER** 3/28/96
Signature for the period from _____ to _____ (Date) Signature for the period from _____ to _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	PO <input type="checkbox"/> DELETE
NAME	FOSTER, JOHN
STREET ADDRESS	750 NE 199TH ST., #H206
CITY-ST-ZIP	MIAMI FL 33179
TITLE	STD <input type="checkbox"/> DELETE
NAME	FOSTER, JORDANA
STREET ADDRESS	750 NE 199TH ST., #H206
CITY-ST-ZIP	MIAMI FL 33179
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 '92

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	3351 N.E. 202 ST
14 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	750 NE 199TH ST
24 CITY-ST-ZIP	MIAMI BEACH, FL 33180
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 supplementary 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]* **JOHN F. FOSTER** 3/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing: **3/28/96**

CR2E034 (12/95)