

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 5-1-96

B-51616

SECTION OF CORPORATIONS

DOCUMENT # P93000060854 (5)

1. Corporation Name

JOE & LEN, INC.

Principal Place of Business

US HIGHWAY ONE
MILE MARKER 30
BIG PINE KEY FL 33043

Mailing Address

PO DRAWER 646
BIG PINE KEY FL 33043



3. Date Incorporated or Qualified

08/31/1993

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MAGRINI, JOE
MILE MARKER 30
US HIGHWAY ONE
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name

LEONARDO A. VAN STRY

82 Street Address (P.O. Box Number is Not Acceptable)

29960 OVERSEAS HWY.

83

84

City Big Pine Key

FL

85

Zip Code

33043

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

Leonardo A. Van Stry

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

(NOTE: Registered Agent signature required when reinstating)

4-25-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PT

MAGRINI, JOE

101 ST. LUCIE LANE

RAMROD KEY FL 33042

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

STRY, LEN V

PO BOX 754 BAD GEORGE RD

SUMMERLAND KEY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

Leonardo A. Van Stry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

DATE

305-872-2258

DAYTIME PHONE

CR2E034 (12/95)