

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mar 07 1997 8:00am
Secretary of State

DOCUMENT # P93000063698 (3)

1. Corporation Name
J J J J & T, INC.

**1055 SHOTGUN RD.
SUNERISE FL 33326**

Mailing Address
1055 SHOTGUN RD.
SUNRISE FL 33326-1911

3. Date Incorporated or Qualified
09/13/1993

3a. Date of Last Report
06/19/1996

2. Principal Place of Business
21 963 Shotgun Rd
Suite, Apt. #, etc:

2a. Mailing Address
26 963 Shotgun Rd
Suite, Apt. #, etc.

4. FEI Number
65-0454825

Applied For
Not Applicable

22	City & State	
23	Sunrise FL	
24	Zip	Country
24	33326	25

27	City & State	
28	Sunrise FL	
29	Zip	Country
30	33326	

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

SAMUELS LEONARD K
100 N.E. 3 AVE. #400
FT LAUDERDALE FL 33301

81	Name
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62	Street Address (P.O. Box Number is Not Acceptable)
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B3

B4	City
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FL

85	Zip Code
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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	POSTAL, JEFF		
STREET ADDRESS	4000 HOLLYWOOD BLVD.		
CITY - ST - ZIP	HOLLYWOOD FL 33021		
TITLE	CPDS		<input type="checkbox"/> DELETE
NAME	SAMUELS, DAVID		
STREET ADDRESS	4000 HOLLYWOOD BLVD.		
CITY - ST - ZIP	HOLLYWOOD FL 33021		
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			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

3-3.97

Date _____

954-423-3774

Daytime Phone #

CR2E034 (9/96)