FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000063698**

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

Principal Place of Business	Mailing Address
963 SHOTGUN RD. SUNRISE FL 33326 US	963 SHOTGUN RD. SUNRISE FL 33326 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/13/1993

2. Principal Place of Business	**2a. Mailing Address**	**4. FEI Number**	Applied For
21 2 S. University Dr.	26 2 S. University Dr.	65-0454825	Not Applicable
Suite, Apt. #, etc. 22 Suite 321	Suite, Apt. #, etc. 27 Suite 321	**5. Certifcate of Status Desired** ☐	**$8.75** Additional Fee Required
City & State 23 Plantation	City & State 28 Plantation	**6. Election Campaign Financing** ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24 FL	Country 25 33324	Zip 28 FL	Country 30 33324		

8. This corporation owes the current year Intangible Personal Property Tax. ☐ 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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP		☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME POSTAL, JEFF			1.2 NAME		
STREET ADDRESS 4000 HOLLYWOOD BLVD.			1.3 STREET ADDRESS 2 S. University Dr. Suite 321		
CITY-ST-ZIP HOLLYWOOD FL 33021			1.4 CITY-ST-ZIP Plantation FL 33324		
TITLE CPDS		☐ DELETE	2.1 TITLE	☒ Change	☐ Addition
NAME SAMUELS, DAVID			2.2 NAME		
STREET ADDRESS 4000 HOLLYWOOD BLVD.			2.3 STREET ADDRESS 2 S. University Dr. Suite 321		
CITY-ST-ZIP HOLLYWOOD FL 33021			2.4 CITY-ST-ZIP Plantation, FL 33324		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_   4/7/99   9544233774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #