

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
Division of CORPORATION

APPROVED  
AND  
FILED

DOCUMENT # **P93000066646 (9)**

95 MAY -1 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SJS MARKETING, INC.

Principal Place of Business: **800 WHITE EAGLE CIRCLE  
UNIT 90-OCEAN-VILLAS  
ST. AUGUSTINE FL 32086  
US**

Mailing Address: **800 WHITE EAGLE CIRCLE  
UNIT 90-OCEAN-VILLAS  
ST AUGUSTINE FL 32086  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21** State: Apt # etc. **22** City & State: **23**

28. Mailing Address: **26** State: Apt # etc. **27** City & State: **28**

24. City: **25** State: **29** Country: **30**

3. Date of Incorporation (if different): **09/24/1993** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3202302** 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. The Corporation has liability for insurance for officer & director:  Yes  No

9. Name and Address of Current Registered Agent: **STAFFORD, SUSAN TODD  
850 A-1-A BEACH BLVD., UNIT 90  
OCEAN VILLAS  
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent:

81. Name: \_\_\_\_\_

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

83. \_\_\_\_\_

84. City: \_\_\_\_\_ State: **FL** 85. Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 609.01, 609.02 and 609.03, Florida Statutes, the above named corporation solemnly this statement for the purpose of changing its registered office or registered agent or both of the State of Florida, but such change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with and agree to the provisions of Sections 609.01, 609.02, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TYPE	<b>P</b>	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAFFORD SUSAN</b>	1. NAME	
STREET ADDRESS	<b>850 A1A BEACH BLVD UNIT 90</b>	1. STREET ADDRESS	
CITY	<b>ST. AUGUSTINE FL</b>	1. CITY	
TYPE	<b>VP</b>	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAFFORD JOEY</b>	2. NAME	
STREET ADDRESS	<b>850 A1A BEACH BLVD, UNIT 90</b>	2. STREET ADDRESS	
CITY	<b>ST. AUGUSTINE FL</b>	2. CITY	
TYPE		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY		3. CITY	
TYPE		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY		4. CITY	
TYPE		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY		5. CITY	
TYPE		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY		6. CITY	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 609.01, 609.02, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and has not changed and that my signature shall have the same legal effect as if made under oath. That I am a resident or an officer of the corporation or the registered director responsible to provide the report as required by Chapter 609, Florida Statutes, and that my written signature is Black 1/20 Block 11 of Chapter 609, Florida Statutes, and that my written signature is Black 1/20 Block 11 of Chapter 609, Florida Statutes.

SIGNATURE: *Susan S. Stafford* **2/27/95** **904.794.4088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR