SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P93000078668 (9)

WJS ENTERPRISES, INC.

FILED Jul 23 1997 8:00am Secretary of State



Principal Place	Principal Place of Business Mailing Address						r nobinduš neu kolem alita Ameli malit (aliti dolet loda) šivien šitelė bilbi (išti 1841					
11735 SW 102 ST 11735 SW 102 ST												
	MIAMI FL 33186 MIAMI FL 33186						DO NOT WRITE IN THE BRACE					
US	U\$						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 3a, Date of Last Report					
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2. Principal Place of Business 21 SIOS THUME DRIVE 26 SIUS Thum							11/15/19 4. FEI Number	<u> </u>		_03/13/199	Applied For	
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	105 7 HYME VRIVE 26 5/05 7/1/2, lite, Apt. #, etc. Suite, Apt. #, etc.					-				CΩ 75	Additional	
27							Certificate of	of Status Desi	red	4	Required	
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24 007	9. Name and Add	dress of Current F	 	1901	()	1	0. Name and				<u> </u>	
11735 6W 102 ST						Name STETZER, WILLIAM J.						
		Street A	Address	dress (P.O. Box Number is Not Acceptable).								
MIAMI FL 33186					33			II V	1410 -			
				L	34 City /							
						gem.	M REACH CARDENS FL 85 3918					
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.												
agent. I a	egistered agent, or bo m fam iliar with, and a	oth, in the State of scept the obligation	ns of, Section 607.0505, El	autnorized orida Statu	by the corp	poranionis	s board of dire	ctors. I nereb	y accept the	appointment a	is registered	
SIGNATURE WUMAN T. SETTLER WUMANN SULPTON Signature, typed or printed name of registered agent and lifts if applicable (NOTE Registered Agent & grature required agent are remissating). DATE												
12.		OFFICERS AND I	DIRECTORS	13.	/ 		ADDITIONS/	CHANGES TO	OFFICERS	AND DIRECTO	ORS IN 12	
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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 anatoment with an address.