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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078939 (4)

S.J. CORPORATION

Principal Place of Business

| 3. Date Incorporated or Qualified 3a. Date of Last Re | eporl |
|--|---------------------------|
| 11/16/1993 03/21/1996 | |
| | plied For t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Rec | |
| City & State City & State City & State 6. Election Campaign Financing \$5.00 in Trust Fund Contribution Added to | • |
| Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 24 25 29 30 Florida Statutes Yes No | 199.032, |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | |
| SHUN, DETRIS J 1441 S. CONGRESS AVE DELRAY BCH FL 33445 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 83 | |

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.

84 City

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change Addition TITLE NAME DETRIS, SHUN J 1.2 NAME STREET ADDRESS 1441 S CONGRESS AVE 1.3 STREET ADDRESS **DELRAY BEACH FL 33445** 1.4 CITY - ST - ZIF CITY-ST-ZIF Change Addilion DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP ☐ DELETE Change ___ Addition TITLE 6.1 TITLE NAME **6.2 NAME** STREET ADDRESS

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 is 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.

FILED

Apr 23 1997 8:00am

Secretary of State

Zip Code