

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:22

DOCUMENT # P93000082931 (5)

1. Corporation Name

J.N. FAMILY ENTERPRISES, INC.

Principal Place of Business

**8010 NORTH UNIVERSITY DR.
2ND FLOOR
TAMARAC FL 33321**

Mailing Address

**8010 NORTH UNIVERSITY DR.
2ND FLOOR
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1993

3a. Date of Last Report

04/20/1994

4. FCI Number

65-0453702

Applied for

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Exemption Certificate Desired

☐ **\$5.00 May Be
Added to Fees**

7. Does corporation have liability for interest on the order of 100/100?

Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LETTMAN, ROBERT D ESQ.
8010 N. UNIVERSITY DRIVE
SECOND FLOOR
TAMARAC FL 33321-2118**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

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 the filer)

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
 NAME **SHACH, MICHAEL**
 STREET ADDRESS **8010 N. UNIVERSITY DR., 2ND FLOOR**
 CITY, ST, ZIP **TAMARAC FL 33321**

13. NEW OFFICERS AND DIRECTORS (If any)

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information required with this form is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(1)(b), Florida Statutes. I further certify that the information reflected 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. I am an officer or director of the corporation or the incorporator or transferor empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Shach **Michael Shach** **6-26-95** **305 646 1855**

CR2E034 (3/95)