FILE NOW: FILING FEE AFTER MAY 1 IS $22[illegible]

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF [illegible]
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATI[illegible]

APPROVED AND FILED
95 APR 14 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083413 (3)**

1. Corporation Name
J. C. J. C. OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
41 S.E. 5TH ST. BOCA RATON FL 33432 US	41 S.E. 5TH ST. BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/29/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **65-0477680** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BARNES, JAMES A.
3419 NE 4 AVE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	1.1 TITLE	President	☑ Change ☐ Addition
NAME	CORRIGAN, WILLIAM P.	1.2 NAME	Corrigan, William	
STREET ADDRESS	3419 NE 4TH AVE.	1.3 STREET ADDRESS	3419 NE 4th Ave.	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton.	
TITLE	VS	2.1 TITLE	Vice Pres.	☐ Change ☑ Addition
NAME	BARNES, JAMES	2.2 NAME	Cheryl Mullen	
STREET ADDRESS	3419 N.E. 4TH AVE.	2.3 STREET ADDRESS	41 S.E 5th St.	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton.	
TITLE		3.1 TITLE	Secr.	☑ Change ☐ Addition
NAME		3.2 NAME	James A. Barnes	
STREET ADDRESS		3.3 STREET ADDRESS	3419 N.E 4th Ave	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton	
TITLE		4.1 TITLE	Treas.	☐ Change ☑ Addition
NAME		4.2 NAME	Julie Ann Jurkiewicz	
STREET ADDRESS		4.3 STREET ADDRESS	41 S.E. 5th St	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton.	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: James A. Barnes Secr. 4/11/95 407-750-6886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0698443 CP