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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000019791 (0)

DOCUMENT #

1. Corporation Name S.F.J., INC.

Principal Place of Business 3001 49TH ST. N. ST PETERSBURG FL 33713

Mailing Address

3001 49TH ST. N.

ST PETERSBURG FL 33713



									03/10/1994	04/11/1995			
	Principal Pla	ce of Busin	ess	⊢-ı ~	2a. Mailing Address				4, FEI Number	4 <u></u>		Applied For	
21					26				59-3236135			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi						
23	Orty & State			City & State	City & State				Election Campaign Financing Trust Fund Contribution	·			
	Zip		Country	Zip		Country	y		8. This corporation has liability for in	ntangible ta	x under s	199.032,	
24			25	29		30			Florida Statutes	∐ No			
		9, Name	and Address of Curre	nt Registered Agen	<u>t</u>	81	_		10. Name and Address of New Re	gistered /	Agent		
SCHRADER, PAUL								Name					
	5972 5TH AVE. S.							82 Street Address (P.O. Box Number is Not Acceptable)					
	ST PETER	rsburg f	L 33707			83	1						
						84	十	City		FI	85 Zij	Code	
	L. Pursuant to	the provisi	one of Sections 607.050	2 and 607 1508 Flori	ida Statutae	the above-	1	med corner	ration submits this statement for the purp		naina ita r	agintared office	
	or registere	ed agent, or	both, in the State of Flor pt the obligations of, Sec	rida. Such change wa:	s authorized	by the corp)Or	ration's boa	rd of directors. I hereby accept the appo	intment as	registered	agent. I am	
SI	gnature .	Street in trace t	or printed name of registered ages	of a of the form of the	records.		nt e	August to make the	d when reinstating)	DATE			
12		ng isana, typa s		ND DIRECTORS	MOIL	13.	u II. S	signature require	ADDITIONS/CHANGES TO OFFIC		DIBECTO	RS IN 12	
10		1		□ DE	LETE	1 1 TITLE			ADDITIONAL OF THE OFFICE AND ADDITIONAL OF THE OFFICE AND ADDITIONAL OFFICE AND ADDITION		7 Change	Addition	
NA	Mŧ	SCHADI	ER, PAUL			1.2 NAME				•			
ST	RELEADDRESS	5972 5T	972 5TH AVE. S.			13 STREET	T A!	DORESS					
CF	FY+ST-ZIP	ST PETI	ERSBURG FL 33707			14 CiTY - 5							
11'	····	S		☐ DE	LETE	2 1 THILE					Change	Add-tion	
NA	ME	GREEN,	PATRICK			22 NAME				-	, .	_	
51	REFT ADDRESS	7321 CE	ENTAL AVE APT 701			23 STREET	T AI	DDRESS					
CI	Y - ST - ZIP	ST PETI	ERSBURG FL 33710			24 CITY-5	ST-	- ZIP					
ŢıT	(F	P		☐ DE	LETE	3 1 TITLE] Change	☐ Addition	
N/4	ME		ed, sami			3 2 NAME							
SI	REFLADORESS		AVE NORTH			33 STREE	TA	ADDRESS					
C:I	Y - S1 - 7/P	ST PETI	ERSBURG FL 33713			3.4 CITY - 9	ST-	- ZIP					
HI	ıt T			☐ DE	LETE	4. 1 TiTLE] Change	Addition	
ΝA	ME					4.2 NAME							
SI	HEET AUDRESS					4.3 STREET	[AI	DDRESS					
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Ħ	LF			[☐ DE	LETE	5 1 TITLE) Change	Addition Addition	
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NΑ	ME .					6.2 NAME		1					
\$1	REFT ADDRESS					6 3 STREET	i Al	DORESS					
	Y - \$1 - 7(P)					6.4 CITY - S	ST-	ZIP					
14	certify that	tne intorma	the information supplied tion indicated on this arm	iua: report or supplem	ntarily furnish nental annual	report is tru	es i	not qualify f	or the exemption stated in Section 119.0 ate and that my signature shall have the s	17(3)(k), Flor ame legal (ida Statut effect as if	es. I further made under	

SIGNATURE: