FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000021205 (7)**

1. Corporation Name

I J W INCORPORATED

Principal Place of Business	Mailing Address
427 BAYWOOD CIR HARBOR OAKS FL 32127	427 BAYWOOD CIR HARBOR OAKS FL 32127

3. Date Incorporated or Qualified: **03/14/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 5560 S Nova Rd
22: Suite, Apt. #, etc
23: City & State: Daytona Bch, Fl.
24: Zip: 32127
25: Country: Vol

2a. Mailing Address
26: S Nova RD
27: Suite, Apt. #, etc
28: City & State: Daytona Bch, Fl.
29: Zip: 32127
30: Country: Vol

4. FEI Number: **59-3230560** ☐ 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

WEISS, DOREEN
427 BAYWOOD CIR
HARBOR OAKS FL 32127

10. Name and Address of New Registered Agent

81 Name: Weiss, Doreen
82 Street Address (P.O. Box Number is Not Acceptable): 5560 S Nova Rd
83:
84 City: Daytona Bch **FL** 85 Zip Code: 32127

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: Doreen Weiss — DATE: 4/29/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST WEISS, DAVID L 427 BAYWOOD CIR HARBOR OAKS FL 32127	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P,V,T Weiss, David L 5560 S Nova Rd Daytona Bch Fl 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEISS, DOREEN 427 BAYWOOD CR HARBOR OAKS FL 32127	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S Weiss, Doreen 5560 S Nova Rd Daytona Bch Fl 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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 attachment with an address.

SIGNATURE: David Weiss — 4/29/96 — 904-761-7855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)