FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:31

DOCUMENT # P94000025816 (7)

1. Corporation Name
VJR INCORPORATED

Principal Place of Business	Mailing Address
7960 NW 50TH STREET BLDG. 4 STE. 302 LAUDERHILL FL 33321	7960 NW 50TH STREET BLDG. 4 STE. 302 LAUDERHILL FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2200 W. Glades Rd.	26 2200 W. Glades Rd.
Suite, Apt. #, etc. 22 Suite 1206	Suite, Apt. #, etc. 27 Suite 1206
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33431 / 25 PalmBeach	Zip / Country 29 33431 / 30 Palm Bch

4. FEI Number: 65-0481015 ☐ 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	10. Name and Address of New Registered Agent
SHERR, CYNTHIA L PA 17001 NE 6TH AVENUE N. MIAMI BEACH FL 33162	81 Name: Martin E. Doyle 82 Street Address (P.O. Box Number is Not Acceptable): 15 E. Third Ave 83 84 City: Miami FL 85 Zip Code: 33131

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: Martin E. Doyle — 4-28-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent Signature Required (and required) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PROULX, JUDITH E	12 NAME	
STREET ADDRESS	7690 NW 50TH STREET BLDG. 4, APT. 302	13 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33321	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	PROULX, ROBIN C	22 NAME	
STREET ADDRESS	2745 NE 27TH STREET STE. 3	23 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	DESSBERG, VICTOR	32 NAME	
STREET ADDRESS	4381 SW 100TH TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

PERMITTED BY MAY 1

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: [signature] — 4-28-95 — 407-368-4686
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0239210 CP