## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P94000042285 (4)

NJD INVESTMENT INC.

Principal Place of B	
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## **FILED** May 28 1998 8:00am Secretary of State



Principal Plac	e di Business	Mailing Address			
49595 ANCHO		_3535_ANCHORAGE_WAY			
MIAMI FL 331	1313	MIAMI FL 33133			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					06/06/1994
2, Principal P	lace of Business	2s. Mailing Address			4. FEI Number Applied For
21		26			65-0697069 Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			60.75
22 3504	Wildwood CIR	27 3504 1/11	dwood	10	5. Certificate of Status Desired Fee Regulred
City & State	0	Cily & State	-		
23 1/19	m, Fl	28 MAM	F		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7ip	Countr	у	8. This corporation owes or has paid the current year Intangible
24 33/	33 25	29 33/33 3	30		Personal Property Tax due June 30. Yes X No
	9, Name and Address of Current		T		10. Name and Address of New Registered Agent
CO	PORATION SERVICE COMPANY		81	Name	V . D . /
	OI HAYS STREET		-		VIVIAN LIMONE
	LLAHASSEE FL 32301		82		Address (P.O. Boy Number is Not Acceptable)
ואו	PLAITASSEE FE SESUI		83		504 Wildwood CIR
4	4		["	<u> </u>	
	1		84	City	MAM! FL 85 Zip Code 3.3/33
44 Diversaril	to the requisions of Pastions 607 0500	Avad 607 1609 Florida Statuto	the else		
office or re	egistered agent, A both, in the State of	V lorida. Such change was au	s, the above thorized b	y the corp	corporation submits this statement for the purpose of changing its registered coralion's board of directors. I hereby accept the appointment as registered
agent La	m fainthar with, and add risk the obligat	Ous of, Section 607.0505, Flori	ida Statuto	\$.	11. 7 1/1/1
SIGNATURE	MANN PARANA	<b>/</b> :			VIVIAN LIMOND 5/1/98
12.	OFFICERS AND		Registered Ag	Kint signature	required when reinstating) DAY.
TITLE	PSTD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	DIMOND, VIVIAN				Collable College
	S535 ANCHORAGE WAY		1.2 NAME		3504 Wildwood Cir
STREET ADDRESS	MIAMI FL 33133			T ADDRESS	2504 WIIAW 000 CCC
CITY-SI-ZIP TITLE	MIAMI PL 33133	DELETE	1.4 C(1Y -	ST-ZIP	
-		L.J better	2.1 TITLE		L. Change . Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	ADDRESS	
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		L Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE	7	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	I ADDRESS	
CITY-ST-ZIP		····	4.4 CITY - 1	ST - 21P	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addillon
NAME	·		5.2 NAME		
STREET ADDRESS			5.3 STREE	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S	ST-21P	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	j	· · · · · · · · · · · · · · · · · ·
STREET ADDRESS			ľ	ADDRESS	
CITY-ST-ZIP			6.4 City - 5	- 1	
14 I hereny co	ertify that the information supplied will	this filing does not qualify for	the evem	tion state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or c	on <b>trus</b> annuar report of sundiemental	annual report is true and accur ver or trustee empowered to ex	are and in	at my sior	required by Chapter 607, Florida Statutes, and that my name appears in