

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90143 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000043846**

1. Corporation Name

**JOHNSON & JOHNSON INTERNATIONAL REALTY GROUP, IN C.**

Principal Place of Business

10010 S. FEDERAL HWY.  
#6  
PORT ST. LUCIE FL 34952  
US

Mailing Address

10010 S FEDERAL HWY SUITE 6  
PORT ST. LUCIE FL 34952  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/08/1994**

4. FEI Number

**59-3255653**

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JOHNSON, JAMES E**  
**3026 SOUTH EAST FARLEY ROAD**  
**PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name

**JOHNSON, JAMES E.**

82 Street Address (P.O. Box Number is Not Acceptable)

**3137 S.E. OVERBROOK Dr.**

83

84 City

**Port St. Lucie**

FL

85 Zip Code

**34952**

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 *James E. Johnson* **JAMES E. JOHNSON, President**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/28/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**  
**JOHNSON, JAMES E**  
STREET ADDRESS **3026 SOUTH EAST FARLEY ROAD**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **President**

1.3 STREET ADDRESS **JOHNSON, JAMES E.**

1.4 CITY-ST-ZIP **3137 S.E. OVERBROOK Dr.**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *James E. Johnson* **JAMES E. JOHNSON**  
Signature, typed or printed name of signing officer or director

**2/28/99**  
Date

**561-335-3331**  
Daytime Phone #

CR2E034 (11/98)