

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90127 035 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000049721**

1. Corporation Name  
**SJE BROWARD CORP.**



Principal Place of Business  
**3752 FENWICK IS DR  
JACKSONVILLE FL 32224  
US**

Mailing Address  
**3752 FENWICK IS DR  
JACKSONVILLE FL 32224  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/30/1994**

2. Principal Place of Business

2a Mailing Address

21 **3161 ST. JOHNS BLUFF RD** 26 **3161 ST. JOHNS BLUFF RD**

4. FEI Number  
**65-0603369**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

22

City & State

23 **JACKSONVILLE FL**

27

City & State

28 **JACKSONVILLE FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 Zip Country

**32246 USA**

25

Country

29 **32246**

30 **USA**

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ECKHARDT, STEPHEN  
3752 FENWICK IS DR  
JACKSONVILLE FL 32224**

81 Name

**ECKHARDT, STEPHEN**

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

**3161 ST. JOHNS BLUFF RD. SO**

83

84 City

**JACKSONVILLE**

FL

85 Zip Code

**32246**

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 **STEPHEN ECKHARDT**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P ECKHARDT, STEPHEN J**  
STREET ADDRESS **3752 FENWICK IS DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

**ECKHARDT, STEPHEN J**  
**3752 FENWICK IS DR**  
**JACK, FLA 32246**

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)