

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PH 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060893 (2)

1. Corporation Name

JMJ ENTERPRISES, INC.

Principal Place of Business

**2424 NORTH FEDERAL HWY.
SUITE 405
BOCA RATON FL 33431**

Mailing Address

**2424 NORTH FEDERAL HWY.
SUITE 405
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/18/1994

3a. Date of Last Report

2. Principal Place of Business

21 2230-A Industrial Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 2230-A Industrial Blvd
Suite, Apt. #, etc.

4. FEI Number

65-0524341

Applied For

Not Applicable

22 City & State

23 Sarasota FL 34234

27 City & State

28 Sarasota FL 34234

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

24 34234

25 USA

29 34234

30 USA

9. Name and Address of Current Registered Agent

**SUTO, ALEXANDER L ESQ.
% SUTO & BALDOVIN, P.A.
2424 N. FEDERAL HWY., SUITE 405
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

**DP
NAME MCFADDEN, MARK
STREET ADDRESS 2424 N. FEDERAL HWY., STE 405
CITY- ST- ZIP BOCA RATON FL 33431**

**DV
NAME FIUMARA, JAMES V JR.
STREET ADDRESS 2424 N. FEDERAL HWY., STE 405
CITY- ST- ZIP BOCA RATON FL 33431**

**DST
NAME FIUMARA, JAMES V SR.
STREET ADDRESS 2424 N. FEDERAL HWY., STE 405
CITY- ST- ZIP BOCA RATON FL 33431**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1 TITLE DP
2 NAME McFadden, Mark
3 STREET ADDRESS 2405 Bispham Road
4 CITY- ST- ZIP Sarasota FL 34231**

**21 TITLE DV
22 NAME Fiumara, James V Jr.
23 STREET ADDRESS 8214 60th St, Circle E #1402
24 CITY- ST- ZIP Sarasota FL 34243**

**31 TITLE DST
32 NAME Fiumara, James V Sr
33 STREET ADDRESS 4220 William Penn Highway
34 CITY- ST- ZIP Monroeville PA 15146**

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

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

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

☒ Change ☐ Addition

☒ Change ☐ Addition

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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 110.07(3)(b), 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:

James V. Fiumara Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James V. Fiumara Jr.

4/26/95
Date

813-355-0177
Telephone Number