

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000060893 (2)

1. Corporation Name

JMJ ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2230-A INDUSTRIAL BLVD.  
SUITE 405 -  
SARASOTA FL 34234  
US

2230-A INDUSTRIAL BLVD.  
SUITE 405 -  
SARASOTA FL 34234  
US

3. Date Incorporated or Qualified  
08/18/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address:

21 2230A Industrial Blvd

26 2230A Industrial Blvd

4. FEI Number

65-0524341

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Sarasota FL

28 Sarasota FL

Zip

Country

Zip

Country

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

10. Name and Address of New Registered Agent

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

81 Name

Mark McFadden

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

4724 Meadowview Circle

83

84 City

Sarasota

85

Zip Code

FL 34233

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

President MARK MCFADDEN 3/12/96

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME MCFADDEN, MARK  
STREET ADDRESS 2405 BISPHAM RD  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4724 Meadowview Circle  
1.4 CITY-ST-ZIP Sarasota FL 34233

TITLE DV ☐ DELETE  
NAME FIUMARA, JAMES V JR.  
STREET ADDRESS 8214 60TH ST., CIRCLE E. 1402  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DST ☐ DELETE  
NAME FIUMARA, JAMES V SR.  
STREET ADDRESS 4220 WILLIAM PENN HIGHWAY  
CITY-ST-ZIP MONROEVILLE PA

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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.

JAMES V. FIUMARA JR.

4/19/96

941-355-0177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)