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FILED
May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P94000060893 (2)

Corporation Name
JMJ ENTERPRISES, INC.

[redacted]

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

Date Incorporated or Qualified	Date of Last Report
08/18/1994	05/01/1996

	Principal Place of Business	Mailing Address
21 / 26	4724 Meadowview Cir	4724 Meadowview Cir
22 / 27	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 / 28	Sarasota FL	Sarasota FL
24 / 29 Zip	34233	34233
25 / 30 Country	USA	USA

FEI Number: 65-0524341 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ $8.75 Additional Fee Required

☐ $5.00 May Be Added to Fees

This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

Name and Address of New Registered Agent

81 Name: Mark McFadden
82 (P.O. Box Number is Not Acceptable): 4724 Meadowview Circle
83:
84 City: Sarasota FL 85 Zip Code: 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: [signature] President 4/10/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13.
TITLE	DP ☐ DELETE	1.1 TITLE
NAME	MCFADDEN, MARK	1.2 NAME
STREET ADDRESS	2405 BISPHAM RD	1.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP
		☒ Change ☐ Addition: 4724 Meadowview Circle Sarasota FL 34233
TITLE	DV ☐ DELETE	2.1 TITLE
NAME	FIUMARA, JAMES V JR.	2.2 NAME
STREET ADDRESS	8214 60TH ST., CIRCLE E. 1402	2.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP
		☒ Change ☐ Addition: One Monroeville Center, Suite 825 Monroeville PA 15146
TITLE	DST ☐ DELETE	3.1 TITLE
NAME	FIUMARA, JAMES V SR.	3.2 NAME
STREET ADDRESS	4220 WILLIAM PENN HIGHWAY	3.3 STREET ADDRESS
CITY-ST-ZIP	MONROEVILLE PA	3.4 CITY-ST-ZIP
		☒ Change ☐ Addition: One Monroeville Center Monroeville PA 15146
TITLE	☐ DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
		☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
		☐ Change ☒ Addition: 5/20/97
TITLE	☐ DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP
		☐ Change ☐ Addition: 900002200659 -06/04/97--01003--014 ***173.75

CR2E034 (12/95)

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.