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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 03 1997 8:00am

Secretary of State

561-995-6894

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000061784 (2)

JJU. INC.

SIGNATURE:

Principal Place of Business Mailing Address							I IBBIIBBI DEF EBEI BIBLI BANE BASI BOI		11E11 18801 (811	# 0107 7007	
2911 NW BANY BOCA RATON US		2911 NW BANYAN BLVD CIR BOCA RATON FL 33431-6327 US									
						 Date Incorporated or Qualified 08/18/1994 	3a. Date of Last Report 02/06/1996				
2. Principal Pl	ace of Business	2a. Mailing Address 26				4. FEI Number 65-0543079		h	oplied For ot Applicable		
Suite, Apt	#, otc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional		
City & State)	City & State	City & State				6. Election Campaign Financing		\$5.00	May Be	
23 Z(p)	Country	28	Cou	ntry			Trust Fund Contribution B. This corporation has liability for	ntenaible		10 Fees	
24	25 29 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🔲 Yes 🔲 No					
	Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered /	igent		
UNDERWOOD, JOHN J					Name	e					
2911 NW BANYAN BLVD CIR BOCA RATON FL 33431				82 Street Address (P.O. Box Number is Not Acceptable)							
				83							
				84	City			FL	85 Zip i	Code	
office or re		of Florida. Such change was a	authorized	yd b	the co		ration submits this statement for the parties board of directors. I hereby accept				
SIGNATURE										***************************************	
12.	Signature: typico or printed name of registrato ago OFFICERS AN	ort and title if applicable. (NOTE D DIRECTORS	Hegislered	Age	ni signah	re required	I when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	3S IN 12	
Tille	P	DELETE	1.1 TG	TLE.		T	ADDITIONO/OFFATALES TO OFFA	7E110 71110	Change	Addition	
NAME	UNDERWOOD, III J		1.2 NA	ME							
STREET ADDRESS	2911 NW BANYAN BLVD CIR		1.3 ST	REET.	ADDRESS	3					
CITY-ST-7IP	BOCA RATON FL		1.4 CI	TY-\$1	T-ZIP						
TITLE		DELETE	2.1 10			ļ			☐ Change	Addition	
NAME			2.2 NA								
STREET ADDRESS					AODRESS	3					
CITY-ST-ZIP TITLE		DELETE	2. 4 CHTY-ST-ZIP 3.1 TITLE					Change	Addition		
NAME		Last petere	3.2 NA						CT Oldinge	L.J Fladition	
STREET ADDRESS					ADDRESS						
City-St-Zip			3 4. C								
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NAME			4. 2 N.	AME							
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CITY-ST-ZIP			4.4 CI	TY-S	T-ZIP						
TIFLE		☐ DELETE	5.1 TI	TLE					☐ Change	Addition	
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REET	ADDRESS	3					
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THLE		☐ DELETE	6.1 TO						LI Change	Addition	
NAME			6.2 NA		ADDDCC.	.					
STREET ADDRESS					ADDRESS	`					
14 Ldo heret	ov certify that the information supplie	d with this filmo does not qualit	6.4 CI v for the	exe	motion	stated	in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
informatio	in indicated on this annual report or :	supplemental annual report is to the receiver or trustee emoow	rue and a Bred to e	accu	ırate a	nd that r	ny signature shall have the same lega as required by Chapter 607, Florida S	al effect as	if made un	nder oath; that name	