FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062440 (0)

1. Corporation Name

D J ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
28200 BERMONT RD #8B PUNTA GORDA FL 33982	28200 BERMONT RD #8B PUNTA GORDA FL 33982

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0514428 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent

~~SPIEGEL, DAVID B~~
~~28200 BERMONT RD #8B~~
~~PUNTA GORDA FL 33982~~

10. Name and Address of New Registered Agent

81 Name: BRIGGS, DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 23264 PEACHLAND BLVD
83:
84 City: PORT CHARLOTTE FL 85 Zip Code: 33954

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: David Briggs — 4/26/95
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	~~D~~	1.1 TITLE	D/VP ☒ Change ☐ Addition
NAME	~~BRIGGS, DAVID~~	1.2 NAME	BRIGGS, DAVID
STREET ADDRESS	~~28200 BERMONT RD #8B~~ ~~23264 PEACHLAND BLVD~~	1.3 STREET ADDRESS	23264 PEACHLAND BLVD.
CITY-ST-ZIP	~~PUNTA GORDA FL 33982~~ ~~PORT CHARLOTTE, FL~~	1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	~~D~~	2.1 TITLE	D/P ☐ Change ☒ Addition
NAME	~~SPIEGEL, DAVID B~~	2.2 NAME	JOSELIN CALDERON
STREET ADDRESS	~~3518 DESCO RD~~	2.3 STREET ADDRESS	2202 SE 3rd. TERR
CITY-ST-ZIP	~~NORTH PORT FL 34287~~	2.4 CITY-ST-ZIP	CAPE CORAL, FL. 33990-1411
TITLE		3.1 TITLE	D/S/T ☐ Change ☒ Addition
NAME		3.2 NAME	MANUEL N. CALLOU
STREET ADDRESS		3.3 STREET ADDRESS	615 SE 21st TERR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CAPE CORAL, FL. 33990-3522
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: David Briggs — 4/26/95 — 813 627-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0338120 CP