FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthage

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400065008 (2)

J & L ENTERPRISES, INC. ORANGE COUNTY, FL.

Principal Place of Business

CREANDO PL-32837

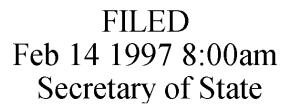
14794 CONE-EAGLE-DR

Mailing Address

PO 80X 420697

KISSIMMEE FL 34742-0897

US



8a. Date of Last Report



3. Date Incorporated or Qualified

					09/02/1994	07/25/1996			
	lace of Business	2a. Mailing Address		0-16	4. FEI Number		Ap	plied For	
21 3/08		26 SAME A	SAC	SOUL	59-3259574	·	No	t Applicable	
Suite, Apt. #, etc. Suite, Apř. #, etc. 27					5. Certificate of Status Desired		\$8.75 A Fee Re		İ
City & State City & State			***************************************	6. Election Campaign Financing \$5.0			\$5.00	May Be	ı
23 / 155	IMMEE, FX	28			Trust Fund Contribution Added to Fees				
Zip Country 24 34743 25		Ζip	Country	/	8. This corporation has liability for	intangible tax	under s.	199.032,	
		29	30	Florida Statutes Yes No					
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Re	gistered Age	int		
GOLZ, JAMES H.				Name					
3108 SARATOGA DR KISSIMMEE FL 34743			82	82 Street Address (P.O. Box Number is Not Acceptable)					
				The second secon					
				83					
			84	City			7 (
•				City		FL I	85 Zip C	JOUE	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the abov	e-named corp	oration submits this statement for the p	ourpose of ch	anging its	s registered	
office or ri agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli-	e of Florida. Such change was a gations of, Section 607.0505, Fig.	authorized by orida Statute	y the corporat s.	ion's board of directors. I hereby accept	ot the appoin	lment as i	registered	
SIGNATURE	Signature, typed ix printed hante of registered a	uent and title if applicable. (NOT	E: Registered Ag	ent skonsture requir	ed when reinstating)	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12	ĝ
TITLE	DP	O DELETE, II	1.1 TITLE		······································		Change	Addition	Q
NAME	GOLZ, JAMES H. 3/0	8 SHRATOGA D UMMLE, FL 34743	1.2 NAME	•					7
STREET ADDRESS	PO BOX 420897 1/55	MME FL		ADDRESS					٤
CITY - ST - ZIP	KISSIMMEE FL	34743	1.4 CITY-5						E T
TITLE	D	DELETE	2.1 TITLE	57-21F		· ·	Change	Addition	ď
NAVE	LEE, LAURIE		2.2 NAME				, change		Ī
STREET ADDRESS	3108 SARATOGA DR								
	KISSIMMEE FL		23 STREET		en e				,
CITY-ST-71P TITLE	THOURSELF L	DELETE	2.4 CiTY- 3.1 TITLE	S1-ZIP	······································		Change	Addition	
NAME		Vittele) unango	L KOGIIION	
			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY - ST - ZIP			3.4 CITY-	ST-ZIP			<u> </u>		
TITLE		☐ DELETE	4.1 TITLE			Ļ	Change	Addition	
NAME			4. 2 NAME	}	•				
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY - \$	ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME	1					
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP					
TITLE		DELETE 6.1 71			······································		Change	Addition	
NAME			6.2 NAME				-		
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			6.4 CITY- \$	ł					
14. I do hereb	by certify that the information suppli	ed with this filing does not quali	fy for the exe	motion stated	in Section 119.07(3)(i), Florida Statute	s. further ce	ertify that	the	
Intermatic	in indicated on this annual report or	-supplemental annual report is t	rue and acco	urate and that	my signature shall have the same legation as required by Chapter 607, Florida S	al offort se if :	made unc	for noth: that	1
appears i	n Block 12 or Block 13 if changed,	or on an attachment of an ada	dress.	ore instebol	t as required by Chapter bur, Fiorida S	olatutes; and	mar my n	arne	