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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000065008 (2)

J & L ENTERPRISES, INC. ORANGE COUNTY, FL. Principal Place of Business Mailing Address 3108 SARATOGA DR PO BOX 420697 KISSIMMEE FL 34743 KISSIMMEE FL 34742 HS DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1994 Applied For 2a. Mailing Address 4. FEI Number 59-3259574 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 GOLZ, JAMES H. 3108 SARATOGA DR 82 KISSIMMEE FL 34743 63 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE GOLZ, JAMES H. NAME 1.2 NAME 3108 SARATOGA DR STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL CITY - ST - 7IP 1.4 CITY - ST - 7IP DELETE 2.1 TITLE Addition TITLE LEE, LAURIE NAME 2.2 NAME 3108 SARATOGA DR STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.