**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000076575 1. Corporation Name

DJ RETAIL, INC.

Principal Place of Business

WEST PALM BEACH FL 33401

Mailing Address

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90049 038 \*\*\*150.00



3611 1ST STREET EAST BRADENTON FL 34208 US		365 SOUTH STREET MORRISTOWN NE 07960 US		DO NOT WRITE IN THIS SPACE			
				Date Incorporated or Qualifed     10/14/1994			
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	•	26		65-0529642	Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25		Country	This corporation owes the current year Int.     Personal Property Tax.	angible □Yes □No		
	9. Name and Address of Cu		10. Name and Address of New Registered Agent				
	E, JOHN II PALM BEACH LAKES BLVD		81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)			

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

City

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. (NC	OTE: Registered Agent signature rec	uired when reinstating)	DATE		<del></del>				
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	P DELETE	1.1 TITLE			[] Change	Addition				
NAME	KALKUS, MARK	1.2 NAME								
STREET ADDRESS	365 SOUTH STREET	1.3 STREET ADDRESS								
CITY-ST-ZIP	MORRISTOWN NJ	1.4 CITY-ST-ZIP								
TITLE	VP □ DELETE	2.1 TITLE			Change	☐ Addition				
NAME	BOSS, CORY	2.2 NAME								
STREET ADDRESS	365 SOUTH STREET	2.3 STREET ADDRESS								
CITY-ST-ZIP	MORRISTOWN NJ	2.4 CITY-ST-ZIP								
TITLE	VP - □ OELETE	3.1 TITLE			Change	Addition				
NAME .	LANG, LARRY	3.2 NAME								
STREET ADDRESS	365 SOUTH ST.	3.3 STREET ADDRESS								
CITY-ST-ZIP	MORRISTOWN NJ	3.4, CITY-ST-ZIP								
TITLE	ST □ DELETE	4.1 TITLE			☐ Change	Addition				
NAME	QUINN, JACQUELYN	4, 2 NAME								
STREET ADDRESS	365 SOUTH ST.	4.3 STREET ADDRESS								
CITY-ST-ZIP	MORRISTOWN NJ	4.4 CITY-ST-ZIP								
TITLE	DELETE	5.1 TITLE			Change	Addition				
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		5.4 CiTY-ST-ZiP								
TITLE	DELETE	6.1 TITLE			☐ Change	☐ Addition				
NAME (		6.2 NAME								
STREET ADDRESS		6.3 STREET ADDRESS								
CITY-ST-ZIP	LEMBER OF THE GOVERNMENT OF THE SECOND OF TH	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 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 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or 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 exemption of the exemption of

**SIGNATURE:** 

Zip Code