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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

29/92 561-362-0808.

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000077983 (2)

S.J.S. EXPORT CORPORATION

Principal Place of Business Mailing Address 2300 GLADES ROAD 2300 GLADES ROAD WEST TOWER - SUITE 400 WEST TOWER - SUITE 400 **BOCA RATON FL 33431** BOCA RATON FL 33431-7386 3a. Date of Last Report 3. Date Incorporated or Qualified 10/21/1994 05/01/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0531823 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ₿1 Name shafer, Lewis R 2300 GLADES ROAD 62 Street Address (P.O. Box Number is Not Acceptable) **WEST TOWER - SUITE 400 β3 BOCA RATON FL 33431** City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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. Florida statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETE 1.1 TITLE Change \_\_\_ Addition TITLE SHAFER, LEWIS R. 1.2 NAME NAME 2300 GLADES ROAD, WEST TOWER #400 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33431** 1.4 CITY - ST - ZIP CHT+ST-ZIP DELETE Change Addition 2.1 TITLE THILE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DITY-ST-7IP DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition HILE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 7(P 4.4 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTY-ST-ZIF Change ☐ Addition DELETE TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the