

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000078053 (3)**

1. Corporation Name

LJF ENTERPRISE, INC.



Principal Place of Business

**7456 ROYAL PALM BLVD
MARGATE FL 33063
US**

Mailing Address

**7456 ROYAL PALM BLVD
MARGATE FL 33063
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FELICIONE, ALEXANDER
7456 ROYAL PALM BLVD.
MARGATE FL 33063**

3. Date Incorporated or Qualified
10/25/1994

3a. Date of Last Report
05/01/1995

4. FEIN Number
65-0556800

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, this 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who signed the report on behalf of the corporation

Signature of the person who signed the report on behalf of the corporation

Date

12. OFFICERS AND DIRECTORS

TITLE

**PD
FELICIONE, ALEXANDER
23301 SEDANIE DR
BOCA RATON FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VPD
BORRIELLO, ALDO
9220 SUNSETSTRIP
SUNRISE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

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STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

☐ Change ☐ Addition

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

☐ Change ☐ Addition

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

☐ Change ☐ Addition

SIGNATURE:

Alexander Felicione
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

954-9684668

Date

Telephone Number

CR2E034 (12/95)