

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

**APPROVED AND FILED**

**95 MAY -1 AM 10:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P94000087801 (4)**

1. Corporation Name  
**J & L BOOKKEEPING, INC.**

Principal Place of Business: **1347 SW 181ST AVENUE, PEMBROKE PINES FL 33029**

Mailing Address: **1347 SW 181ST AVENUE, PEMBROKE PINES FL 33029**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State, Apt. #, etc.: **22**

City & State: **23**

Zip: **24** Country: **25**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/05/1994**

3a. Date of Last Report: **12/05/1994**

4. FEI Number: **65-0537124**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangibles tax under S. 199 (1)(2) Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**MARTINEZ, JORGE A  
1347 SW 181ST AVENUE  
PEMBROKE PINES FL 33029**

10. Name and Address of New Registered Agent

**B1 Name**

**B2 Street Address (P.O. Box Number is Not Acceptable)**

**B3**

**B4 City** **FL** **B5 Zip Code**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>MARTINEZ, JORGE A</b>
STREET ADDRESS	<b>1347 SW 181ST AVENUE</b>
CITY, ST, ZIP	<b>PEMBROKE PINES FL 33029</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 such officer or director of the corporation or the receiver or liquidator 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 a checkmark.

SIGNATURE: \_\_\_\_\_ **4/25/95** **430-2132**

DATE: \_\_\_\_\_