SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

P94000089328

W.J.G. INC

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90006 010 ***550.00

						##IN 18118 IN 18	 	
1								
Principal Plac	e of Business	Mailing Address			I (MOLEGIA LIN INIEL RINE) ANEIL MAILE ANEI	BBIEL IBIIA LEIGE	(21 0 100 0 2 1016 10	E)
16620 ROYAL	. POINCIANA CT	16620 ROYAL POINCIAN	A CT					
FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326					DO NOT WRITE IN T	LIC CDACE		
{					3. Date Incorporated or Qualified	HIS SPACE		\neg
					12/09/1994			İ
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	\ \A	pplied For	┪
21 6320 MIRAHUR PKWY 26					65-0588885		lot Applicable	∌
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional	
27					5. Certaincate of Status Desired	Fee F	tequired	_[
City & State					6. Election Campaign Financing \$5.00 May Be		,	
	MARC RE	28	Cou		Trust Fund Contribution		to Fees	\dashv
Zip 31	1 13 Country 25 Barrasa	Zip	Cou	пиу	This corporation owes the current year Intangible Personal Property.] No	ļ
24 236	9. Name and Address of Current		[30]		10. Name and Address of New Register			\dashv
	5. Name and Address of Cartest	Trogiotorea 7 igoni		81 Name	10.	<u> </u>	<u></u>	
GR	IIMLEY, WILLIAM J			DD - Ct1 1 2 2	(D.O. Day Marshar in New Assessments)	•		
160	620 ROYAL POINCIANA CT			82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
FT	LAUDERDALE FL 33326			83				
			į	84 City		85 Zip	Code	-
				City		- L 3 -1		
11. Pursuan	t to the provisions of sections 607.0502	and 607.1508, Florida Statut	es, the ab	ove-named corpo	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its r	egistered egistered	
office or agent. I	registered agent, or both, in the State of am familiar with, and accept the obligati	ir Flonda, Such change was ions of, section 607.0505, Fi	orida Stat	i by the corporation at the state of the corporation at the state of t	on's board of directors. Thereby accept the ap	pominen as i	egistered	
SIGNATURE								
	Signature, typed or printed name of registered agent a OFFICERS AND		<u>-</u>	ed Agent signature requ				⊣ જે
12.	OFFICERS AND					AND DIRECT	ORS IN 12	
	np		13.	IF T	ADDITIONS/CHANGES TO OFFICERS		$\overline{}$	(3 ,
TITLE	OP WILLIAM I	DELETE	1,1 111		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT Change	ORS IN 12 Addition	34 (5/9
NAME	GRIMLEY, WILLIAM J		1.1 TIT 1.2 NA	ME	ADDITIONS/CHANGES TO OFFICERS		$\overline{}$	E034 (5/9
NAME STREET ADDRESS	GRIMLEY, WILLIAM J 16620 ROYAL POINCIANA CT		1.1 TIT 1.2 NA 1.3 STI	ME REET ADDRESS	ADDITIONS/CHANGES TO OFFICERS		$\overline{}$	R2E034 (5/9
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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 changes or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE