PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000010802**1. Corporation Name

C.J.F. 5, INC.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90034 017 ***150.00



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Principal Place	of Business	Mailing Address				1 100(1001 118 (B(0) B1)11 40111 40111	88/11 68181 (184)		
6915 RED RD	•	6915 RED RD						•	
SUITE #211 SUITE #211						DO NOT WRITE	IN THIS SP	ACE	
CORAL GABLES FL 33143 CORAL GABLES FL 33143			L 33143			3. Date Incorporated or Qualifed			
						02/06/1995	·		
2. Principal Pl	ace of Business	2a. Mailing Addres	SS			4. FEI Number		- · · · ·	olied For
21		26				65-0555575	 		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.		.	5. Certificate of Status Desired	<u> </u>	8.75 A Fee Re	
City & State	e .	City & State				6. Election Campaign Financing		\$5.00	May Be
23	•	28				Trust Fund Contribution	<u></u>	Added to	Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the currer			
24	25	29	30	.,		Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered Age	ent	
	THE OWNER LIE			81	Name				
	ENTI, CHARLES J JR			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
)	RED RD			\sqcup			·		
	E #211			83					(
COR	IAL GABLES FL 33143			84	City	· ·	[35 Zip (ode
					-		FL_]`		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florid	a Statutes, the	above	-named cor	poration submits this statement for the ption's board of directors. I hereby accept	urpose of cha	inging its ent as red	registered histered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0	505, Florida Sta	atutes.	uie corpora	tions board of directors. Thereby decept	ию арропии		
SIGNATURE									
OIOIWITORIE	Signature, typed or printed name of registered age	1 100 11 11 11							
<u> </u>					signature requi	red when reinstating)	DATE AND I	DECTO	DS IN 12
12.	OFFICERS A	ND DIRECTORS	13	3.	signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND I		
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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 receiver or true ee 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 of an attachnious with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR