


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

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Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #P95000015902</b> 1. Corporation Name <b>SJL ENTERPRISES, INC.</b>			
Principal Place of Business <b>10129 US 1</b> <b>FEDERAL HWY</b> <b>PORT SAINT LUCIE, FL 34952</b>		Mailing Address <b>10129 US 1</b> <b>FEDERAL HWY</b> <b>PORT SAINT LUCIE, FL 34952</b>	
2. Principal Place of Business 21 <b>10129 US 1</b> Suite, Apt. #, etc. 22 <b>Federal HWY</b> City & State 23 <b>Port Saint Lucie, FL</b> Zip Country 24 <b>34952</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>10129 US 1</b> Suite, Apt. #, etc. 27 <b>Federal HWY</b> City & State 28 <b>Port Saint Lucie</b> Zip Country 29 <b>34952</b> 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>02/24/1995</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-3296827</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>Francisco Gomez</b> <b>10129 US 1</b> <b>Federal HWY</b> <b>Port Saint Lucie, FL 34952</b>		10. Name and Address of New Registered Agent 81 Name <b>Francisco Gomez</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10129 US 1</b> 83 <b>Federal HWY</b> 84 City <b>Port Saint Lucie</b> <b>FL</b> 85 Zip Code <b>34952</b>	
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 officer 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 with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Francisco Gomez</i> / <b>Francisco Gomez</b> DATE <b>04/21/1997</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS 1.1 TITLE <b>Secretary</b> <input checked="" type="checkbox"/> DELETE 1.2 NAME <b>John Huebner</b> 1.3 STREET ADDRESS <b>1333 West Broadway Ave.</b> 1.4 CITY-ST-ZIP <b>Oviedo, FL 32765</b> 2.1 TITLE <b>President</b> <input type="checkbox"/> DELETE 2.2 NAME <b>Francisco Gomez</b> 2.3 STREET ADDRESS <b>1333 West Broadway Ave.</b> 2.4 CITY-ST-ZIP <b>Oviedo, FL 32765</b> 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>Francisco Gomez</b> 2.3 STREET ADDRESS <b>10129 US 1 Federal HWY</b> 2.4 CITY-ST-ZIP <b>Port Saint Lucie, FL 32765</b> 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS <b>100002158491</b> 5.4 CITY-ST-ZIP <b>-04/29/97--01046--024</b> 6.1 TITLE <b>***165.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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 changed, or on an attachment with an address.			
SIGNATURE: <i>Francisco Gomez</i> / <b>Francisco Gomez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		President <b>04/21/1997</b> <b>407-337-4688</b> <small>Date Daytime Phone #</small>	

CR2E034 (9/96)