

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000026541 (9)**

1. Corporation Name

C & J ENERGIZERS, INC.



Principal Place of Business

Mailing Address

**6941 HOOD STREET
HOLLYWOOD FL 33024**

**6941 HOOD STREET
HOLLYWOOD FL 33024**

2. Principal Place of Business

21 SOUTH FLORIDA

Suite, Apt. #, etc.

22 6941 Hood St.

City & State

23 HOLLYWOOD, FL.

Zip

24 33024

Country

25 BROWARD

2a. Mailing Address

26 6941 HOOD STREET

Suite, Apt. #, etc.

27

City & State

28 HOLLYWOOD, FL.

Zip

29 33024

Country

30 BROWARD

3. Date Incorporated or Qualified

04/04/1995

3a. Date of Last Report

4. FEI Number

65-0595640 EIN

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

9. Name and Address of Current Registered Agent

**ALTERMAN, ROY A
2404 N.E. 9TH STREET
FORT LAUDERDALE FL 33319**

10. Name and Address of New Registered Agent

81 Name

CARMEN CHARLES LETIZIA

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

6941 HOOD STREET

83

84 City

HOLLYWOOD,

FL

85 Zip Code

33024

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

[Signature]
Signature, typed or printed name of registered agent and Florida Statute

[Signature]
Signature, typed or printed name of registered agent and Florida Statute

3/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LETIZIA, CARMEN C**
STREET ADDRESS **6941 HOOD STREET**
CITY-STATE-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☐ Addition
1.2 NAME **CARMEN CHARLES LETIZIA**
1.3 STREET ADDRESS **6941 HOOD STREET**
1.4 CITY-STATE-ZIP **HOLLYWOOD, FL. 33024**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(c), 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:

[Signature]

CARMEN CHARLES LETIZIA

(754) 781-2116 H.

(904) 524-3880 C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)