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PROFIT * CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035119 (3)

F J A ENTERPRISES, INC.

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



| F 13 | ricipai riaci | e oi positios | | | | IVICIII | ng rac | 1033 | | | | | i | | | | | | | |
|--|---------------|----------------------|-----------|----------------------|---------------|---------------------|--------------|----------------|--------------------|-----------------------|-----------|---------------|---------------------------------------|-----------------------------------|---|---------------|-----------------------------------|---------|----------------|--|
| 1126 S.E. 13TH STREET 1126 S.E. 13TH STR | | | | | | | | | | | | | | | | | | | | |
| CAPE CORAL FL 33990 | | | | | , | CAPE CORAL FL 33990 | | | | | | | DO NOT WRITE IN THIS SPACE | | | | | | | |
| | | | | | • | | | | | | | | 2 | 3. Date Incorporated or Qualified | | | | | | |
| | | | | | | | | | | | | | ٥. | | • | ileu | | | | |
| • | Dringing D | lace of Busin | 0000 | | 1 2 | | lailina i | Addrose | | | _ | | 1 | | 05/01/1995 FEI Number | | | T. | nnlind Cor | |
| $\overline{}$ | rillicipai ri | IACE OF DUST | | 2a. Mailing Address | | | | | | | ٦. | | | | | | pplied For | | | |
| 21 | Cuite Ama | nt # ata | | | | Suite, Apt. #, etc. | | | | | | | | | 65-0580091 | | | | ot Applicable | |
| 22 | Suite, Apt. | upt.#, etc. | | | | 27 | | | | | | 5. Cer | | | Certificate of Status Desired | a 🗆 | \$8.75 Additional Fee Required | | | |
| _ | City & State | ity & State | | | | | City & State | | | | | (| | | Election Campaign Financi | ng | \$ | 5.00 | May Be | |
| 23 | | | | | | 28 | | | | | | | | Ţ | Trust Fund Contribution | <u> </u> | | Added | to Fees | |
| _ | Zip | Country | | | | <u>├</u> ¬ ' | | | | Country | / | | 8. | . Т | This corporation owes or ha | as paid the o | | | | |
| 24 | | 25 | | | | 29 30 | | | | | | | | | Personal Property Tax due June 30. 🔀 Yes 🗌 No | | | | | |
| | | 9. Name | and A | ddress of Cur | rent Reg | iste | red Age | ent | | | | | 10. |) <u>.</u> ! | Name and Address of Ne | w Registere | d Agen | t | | |
| | ALE | ECI, JOSEF | PHINE | | | | | | | 81 | ! | Name | | | | | | | | |
| 1126 S.E. 13TH STREET | | | | | | | | | 82 | +-5 | Street Ad | dress (F | Ρ.0 | O. Box Number is Not Acco | eptable) | | | | | |
| CAPE CORAL FL 33990 | | | | | | | | | | | | | | | | | | | | |
| | | , | | | | | | | | 83 | Г | | | | | | | | | |
| | t. 11 | | | | | | | | | 84 | - | City | · · · · · · · · · · · · · · · · · · · | | · | | . 85 | Zip | Code | |
| | | | | | | | | | | | L | | | | | F | ᆫᆝ | | | |
| 11. | Pursuant | to the provis | ions of | Sections 607.0 | 0502 and | 607 | .1508, I | Florida Sta | tutes, the | abovi | e-r | named co | rporatio | on bo | submits this statement for | the purpose | of char | nging | its registered | |
| | agent. I a | m fa miliar w | ith, and | accept the ob | digations | of, S | Section | 607.0505, | Florida | Statutes | уլ: Տ. | ne corpor | auon și | DO | oard of directors. I hereby a | accept the a | pponiti | OIII ES | s registered | |
| Sir | GNATURE | | | | | | | | | | | | | | | | | | | |
| | STATE OF TE | Signature, typed | or printe | dinank of registered | l agent and b | ille it a | ppicable | ۸) | IOI Aegis | tered Age | eni i | signature req | | | | DATE | | | | |
| 12 | | | | OFFICERS. | AND DIR | ECT | | | | 3. | | <u>.</u> | | Αľ | DDITIONS/CHANGES TO (| OFFICERS A | | | | |
| TITL | .E | PD | | | | | L | DELETE | 1 | 1 TITLE | | | | | | | LJ (| hange | L. Addition | |
| NA | AE | ALECI, I | | | | | | | 1 | 2 NAME | | | | | | | | | | |
| STR | EET ADDRESS | | | 'H STREET | | | | | 1 | 3 STREET | T AD | DRESS | | | | | | | 1 | |
| Çm | Y-ST-ZIP | CAPE C | ORAL | FL | | | | | 1 | 4 City-S | 3T - Z | ZIP | | | | | | | | |
| TITL | .E | SD | | | | | L. | DELET e | 2 | 1 TITLE | | | | | | | Ш | hange | L Addition | |
| NAN | ME | ALECI, | JOSEF | PHINE | | | | | 2 | 2 NAME | | | | | | | | | 1 | |
| STR | EET ADDRESS | | | | | 2 | | | 2.3 STREET ADDRESS | | | | | | | | | | | |
| CITY | Y+ST-ZIP | CAPE C | ORAL | FL | | | | | 2 | 4 CITY- | ST- | ZIP | | | | | | | | |
| TITL | .E | | | | | | | DELETE | 3 | 1 TITLE | | | | | - | | | hange | ☐ Addition | |
| NAM | AE | | | | | | | | 3 | 2 NAME | | | | | | | | | ŀ | |
| STR | EET ADDRESS | | | | | | | | 3 | .3 STREET | r AD | DRESS | | | | | | | | |
| | Y-ST-ZIP | | | | | | | | 3 | .4. CITY - : | ST- | ZIP | | | | | | | - 1 | |
| TITL | | | | | | | I | DELETE | | 1 TITLE | | | | | | | | hange | ☐ Addition | |
| NAS | | | | | | | | | 4 | 2 NAME | | | | | | | | | 1 | |
| | EET ADDRESS | | | | | | | | 4 | 3 STREET | I AD | DDRESS | | | | | | | | |
| | Y-ST-ZIP | | | | | | | | | 4 CITY-S | | | | | | | | | | |
| TITL | | | | • • | | | Τ | DELETE | | 1 TITLE | | | | | | | | hange | Addition | |
| NAA | - | | | | | | _ | | | 2 NAME | | | | | | | | - | | |
| | REET ADDRESS | | | | | | | | | .3 STREET | [AD | nnrese | | | | | | | - 1 | |
| 4 | | | | | | | | | | | | | | | | | | | 1 | |
| TITL | Y-ST-ZIP | | | | | | г | DELETE | | 4 CITY - S 1 TITLE | 31-4 | ZIF | | | | | 717 | hange | Addition | |
| | | | | | | | L, | DELETIE | | | | | | | | | LJ \ | mongo | | |
| NAM | | | | | | | | | | .2 NAME | | | | | | | | | | |
| | EET ADDRESS | | | | | | | | | .3 STREET | | | | | | | | | - | |
| CIT | Y-ST-ZIP | | | | | | | | 6 | 4 CITY - 5 | 31-2 | 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 changes or on an attachment with an address.