

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000047497 (9)**

1. Corporation Name

**SKJ INVESTMENT CORP.**



Principal Place of Business

**215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

Mailing Address

**215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JOHNSON, LORAN A  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

3. Date Incorporated or Qualified

**06/19/1995**

3a. Date of Last Report

4. FEI Number

**59-3366563**

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

Signature (typed or printed name of the person who signed and the date)

Signature (typed or printed name of the person who signed and the date)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

1. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP

2. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

3. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP

4. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY - ST - ZIP

5. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP

6. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY - ST - ZIP

P/S/D

**Sherrie K. Johnson  
1745 Lake Berry Drive  
Winter Park, FL 32789**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Add in

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

**Sherrie K. Johnson**

**APR 29, 96 AC 407  
628-8696**

CR2E034 (12/95)