

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

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 SEP 30 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058298
1. Corporation Name

J+J PROPERTY MAINTENANCE, INC

Principal Place of Business

Mailing Address

5322 BAREFOOT PATH
KISSIMMEE, FLA
34746

SAME

3. Date Incorporated or Qualified
7-27-95

3a. Date of Last Report
4-15-96

2. Principal Place of Business

2a. Mailing Address

21. KISSIMMEE, FL

26. P.O. Box 22715

4. FEI Number
59-3327338

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. LAKE BUENA VISTA, FL

Zip

Country

24. 34746

25. US/EURO

29. 32830

30. ORANGE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN F. GRIEBLE
5322 BAREFOOT PATH
KISSIMMEE FLA 34746

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR DELETE
NAME JOAN F. GRIEBLE
STREET ADDRESS 5322 BAREFOOT PATH
CITY-ST-ZIP KISSIMMEE, FL 34746

11. TITLE Change Addition
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

TITLE DIRECTOR DELETE
NAME JUDITH B. GRIEBLE
STREET ADDRESS 5322 BAREFOOT PATH
CITY-ST-ZIP KISSIMMEE, FL 34746

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

600002311276--0
-10/03/97--01073--018
****165.00 ****165.00

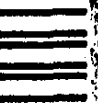
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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: John F. Griebel JOHN F. GRIEBLE 9-26-97 407-390-0144
Date Date
407-396-2665

CR2E034 (9/96)

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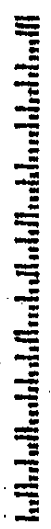
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



UNITED STATES POSTAL SERVICE

Print your name, address, and ZIP Code in this box.

J & J PROPERTY MAINT. INC.
5300 BAREFOOT PATH
KISSIMEE FL
34746



I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
308 908 625

4b. Service Type
 Registered
 Express Mail
 Return Receipt Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
24

8. Addressee's Signature (Only if requested and fees paid)

3. Article Addressed to:
 DIVISION OF CORPORATIONS
 ANNUAL REPORTS SECTION
 P.O. BOX 1500
 TALLAHASSEE FL
 32302-1500

5. Received By: (Print Name)
 Signature: [Signature]
 Address of Addressee: [Address]

Domestic Return Receipt

PS Form 3811, December 1994

ORIGINAL SENT 03/05/97 DB/05/97

FORWARD MAIL BALANCE	AMOUNT THIS CHECK	TOTAL	FORWARD MAIL BALANCE	AMOUNT THIS CHECK	TOTAL
1087	3472	1500	1088	1500	1500
1087	3472	1500	1088	1500	1500
1089	13564	13564	1089	13564	13564
1089	13564	13564	1089	13564	13564
1089	13564	13564	1089	13564	13564

FOR 1997 Profit Corp. fee
 PAY TO: Mr. Dept of State
 03/05 '97

FOR annual report fee
 PAY TO: United Telephone
 03/17 '97

FOR 394-0144
 PAY TO: [Name]
 03/17 '97

FOR 394-0144
 PAY TO: [Name]
 03/17 '97

FOR 394-0144
 PAY TO: [Name]
 03/17 '97

POSTAGE WILL BE PAID BY ADDRESSEE

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