

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000082238 (3)

1. Corporation Name
CSJ TECHNOLOGIES INC.



Principal Place of Business 168 LAUREL LANE PONTE VEDRA BEACH FL 32082	Mailing Address 168 LAUREL LANE PONTE VEDRA BEACH FL 32082
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3. Date Incorporated or Qualified 10/25/1995		3a. Date of Last Report	
2. Principal Place of Business 21 8641 BAYPINE RD.	2a. Mailing Address 26 PO BOX 2383	4. FEI Number 59-3384291	Applied For Not Applicable
Suite, Apt. #, etc. 22 SUITE 2	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
City & State 23 JACKSONVILLE, FL	City & State 28 PONTE VEDRA BEACH, FL	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Zip 24 32256	Country 25 DUVAL	Zip 29 32004	Country 30 ST. JOHN'S
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes. ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature type for person or firm who is not a registered agent. Applicable) (If not, type name of Agent signature required when not filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	P CHARLES E. STINCHFIELD
STREET ADDRESS		1.3 STREET ADDRESS	PO BOX 2383
CITY - ST - ZIP		1.4 CITY - ST - ZIP	PONTE VEDRA, FL 32004
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	P CHARLES E. STINCHFIELD
STREET ADDRESS		2.3 STREET ADDRESS	168 LAUREL LANE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	PONTE VEDRA, FL 32004
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles E. Stinchfield 6/20/96 904-731-5195
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES E. STINCHFIELD

CR2E034 (3/96)

Bank deposit \$225.00