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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010738

1. Corporation Name
D & J ENTERPRISES OF JACKSONVILLE, INC.

Principal Place of Business 7969 LE MANS DRIVE JACKSONVILLE FL 32210	Mailing Address 7969 LE MANS DRIVE JACKSONVILLE FL 32210
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4191 SAN JUAN AVENUE	2a. Mailing Address 26 4191 SAN JUAN AVENUE
Suite, Apt. #, etc. 22 SUITE 1F	Suite, Apt. #, etc. 27 SUITE 1F
City & State 23 JACKSONVILLE, FLORIDA	City & State 28 JACKSONVILLE, FLORIDA
Zip Country 24 32210 US	Zip Country 29 32210 US

3. Date Incorporated or Qualified 01/30/1996	Applied For Not Applicable
4. FEI Number NOT APPLICABLE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

COHEN, LANCE P
1723 BLANDING BLVD., STE. 102
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BUSH, DAVID
STREET ADDRESS	7969 LE MANS DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	D <input type="checkbox"/> DELETE
NAME	BUSH, JUDY
STREET ADDRESS	7969 LE MANS DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4191 SAN JUAN AVENUE, SUITE 1F
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4191 SAN JUAN AVENUE, SUITE 1F
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID M. BUSH, JR.
3.3 STREET ADDRESS	4191 SAN JUAN AVENUE, SUITE 1F
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DAVID M. BUSH, JR.* **DAVID M. BUSH** **4/02/99** **904-387-9456**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

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