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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 😴 DIVISION OF CORPORATIONS

1998 DOCUMENT # F 60000 2300 A

1. Corporation	MEN I #PT 60	00023001				,	
G.J. ENTERPRISES OF PALM BEACH COUNTY						!	
Principal Plac	ce of Business	Mailing Address	Mailing Address				
1209 1	fangelo Isle	1209 Tangelo	Tala				
Ft. Lauderdale, FL 33315 Ft. Lauderdale,					33315	DO NOT WRITE IN THIS SPACE	
	·		-,	•	33313	3. Date Incorporated or Qualified 2/1/96	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied Fo	r
21	<u></u>	26				65-0661654 Not Applic:	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additiona Fee Required	il
City & Sta		City & Slate			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible	
4	25)	29				Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent (CALCEAU PORCE) C 81					Name	10. Name and Address of New Registered Agent	
JENSEN, ROBERT C				<u>L</u> l			
5979 NW 151ST ST #208				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI LAKES FL 33014				83			
			,	إ			
				84	City	FL 85 Zip Code	
agent, i a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607, 1508, Florida Statute of Florida. Such change was a lations of, Section 607,0505, Flo	es, the at authorize orida Stat	oove d by utes	e-named corpo the corpo	orporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registere	red ad
SIGNATURE Signature, typed or printed name of registered agent and tale if applicable (NOTE, Regis			E. Registered	1 Aque	et signature re	noured and renslating) DATE	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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May 05 1998 8:00am

Secretary of State

GREGORY MALTESE NAME 1.2 NAME 1209 Tangelo Isle STREET ADDRESS 1.3 STREET ADDRESS 't. Lauderdale, FL 33315 CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP Z. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE SITULE MALSE 5.2 NAME JU 5 13 STREET ADCRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE -cotton PILE 6.1 TITLE 2000025109**3** HALLE -05/05/98--01079--017 52 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 5 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). Florido 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 cath; 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

GRECORY MALTESE