PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600027058

1. Corporation Name

F & J ENTERPRISES GROUP, INC.

Principal Place of Business

Mailing Address

799 SOUTHWEST 15TH AVENUE BOCA RATON FL 33486 799 SOUTHWEST 15TH AVENUE BOCA RATON FL 33486

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90151 019 ***150.00



			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed	
			03/26/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 LABOR GLANT DO	1 26 2,000 N. DIXI	e Highway	65-0663924	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	c mq now		\$8.75 Additional
22 2000 N. Dixie High	—		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Hollywood FL	128 Hollywood	FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year In	tangible
24 33020 25 US	29 33020 3	o US	Personal Property Tax.	☐ Yes IZ No
9. Name and Address of			10. Name and Address of New Registered	Agent
81 Name # 200145 / 51. 125				
MCLAUGHLIN, FRANK			FKANCES (EU)13	
799 SW 15TH AVE			Idress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33486	76 N.E. 14" 17 YE			
BOCK RATON FL 33400		83		İ
		84 City 7	2 and Ranka El	85 Zip Code
		<i></i>	ompano Decer FL	- 350,00
11. Pursuant to the provisions of Sections 6	07.0502 and 607.1508, Florida Statutes, State of Florida, Such change was auth	, the above-named co horized by the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	r changing its registered
agent. I are familiar with, and accept the	obligations of, Section 607.0505, Florid	a Statutes.		00
SIGNATURE THANKS OF	mus Frances L	LIVIS F	resident 5-3	-77
Signature, typed or printed name of registe		egistered Agent signature requ	uired when reinstating) DATE	
12. OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AI	
TITLE PTD	☐ DELETE	1.1 TITLE	The dist Eddin	Change
NAME MCLAUGHLIN, FRANK H		1.2 NAME	YELAUGHLIN, FRANK	
STREET ADDRESS 799 SOUTHWEST 15TH /	AVFNI IF	1.3 STREET ADDRESS	2062 SUNSET PT Rd., UNI	7463
CITY-ST-ZIP BOCA RATON FL 33486	1121102	14 CITY-ST-ZIP	LIEARWATER, FL 33765	
TITLE VSD	☐ DELETE	24 TITLE	ጀ ን	Change Addition
100		221/1/15	MALANAGHLIN. JOHNN	
NAME MCLAUGHLIN, JO ANN		Z.Z NAWE	201.2 SILICET PTRA UNIT#	1/2
STREET ADDRESS 799 SOUTHWEST 15TH	AVENUE	2.3 STREET ADDRESS	2062 SUNSET PT RD. UNIT#	
CITY-ST-ZIP BOCA RATON FL 33486		2.4 CITY-ST-ZIP	COMMINION, 1 2 35 100	Change Addition
TITLE P	☐ DELETE	3.1 TITLE	DM CONNES	Change Addition
NAME LEWIS		3.2 NAME	EWIS, FRANCES	
STREET ADDRESS		3.3 STREET ADDRESS	5096 NE 14th AVE	.i
C/TY-ST-ZIP		3.4. CITY-ST-ZIP	POMPANO BEACH FL 3306	4
TITLE	☐ DELETE	4.1 TITLE V		Change Addition
NAME		4. 2 NAME	OLON, ROSA	
STREET ADDRESS		4.3 STREET ADDRESS	sould NE M "HV"	1
CITY-ST-ZIP			POMPANO BEACH FL 3306	4
TITLE	☐ DELETE	5.1 TITLE	Continue Conton in State	☐ Change ☐ Addition
		5.2 NAME		
NAME				
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
πιε	☐ 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 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

(954) 927 6070 Daytime Phone # CR2E034 (11/98)