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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061931 (7)

C.J. SR. ENTERPISES, INC.

**FILED** Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					. I INDIVIDAN IN ARINA MININ MANIN ARINI MENIN M	/// <b>                                   </b>	41 <b>0</b> 1    1101   1001	
2350 N.E. 18 Miami Fl 33			2350 N.E. 187 STREET MIAMI FL 33180			DO NOT WRITE IN THIS	S SPACE	
						3. Date Incorporated or Qualified		
						_07/22/1996		
	ace of Business	2a. Mailing A	ddress			4. FEI Number	<del></del>	oplied For
21		26				65-0681945		ot Applicable
Sulte, Apt.		27				5. Certificate of Status Desired	<b>*</b> • • • •	Additional equired
City & State	9	<del>-</del>	City & State			6. Election Campaign Financing		May Be
23	T Country	28		Country		Trust Fund Contribution		to Fees
Zip 24	Country 25	Zip	30	-, ´		<ol> <li>This corporation owes or has paid the or Personal Property Tax due June 30.</li> </ol>		tangible ] No
24	9. Name and Address of Curr	29 29 Age		<u>,                                    </u>		10. Name and Address of New Registered		
ut:	PSON, CHARLES A			81	Name			
	50 N.E. 187 STREET							
	AMI FL 33180		82 Street Ad		Street Ad	dress (P.O. Box Number is Not Acceptable)		
				83				
				84	City	FI	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508, F	lorida Statutes,	the above	named co	rporation submits this statement for the purpose	of changing i	ts registered
agent. 1 a	m familiar with, and accept the obl	igations of Section 6	607.0505, Florid	da Statutes	i.	ation's board of directors. I hereby accept the ap	politinent as	i rogistorou
SIGNATURE					_			
12.	Signature, typed or printed name of registered a	agent and title if applicable	(NOTE: R	togistered Age	nt signature req	ulred when reinsteling) DAYE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	OC IN 10
TITLE	D		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AT	☐ Change	Addition
NAME	JEPSON, CHARLES A	_	Julian	1.2 NAME	}		og.	
STREET ADDRESS	2350 N.E. 187 STREET			1.3 STREET	ANNDECC			
City-St-Zip	MIAMI FL 33180			1.4 CITY-S				
TITLE	IIII WIII I E GO IGO	[	DELETE	2.1 TITLE	(-2)r		Change	Addition
NAME				2.2 NAME		•		_
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY-5				
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME			•	
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY- 9	1			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	adoress			
CITY-ST-ZIP				4.4 CITY-S	T- ZIP			
TITLE			DELETE	5.1 TITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME				6.2 NAME	1			ľ
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-S				
14. I hereby o	ertily that the information supplied	with this filing does	not qualify for t	he exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further of	certify that the	information