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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067179 (7)

1. Corporation Name
K.R.J.J. INC.



Principal Place of Business
10331 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

Mailing Address
10331 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065-3941

3. Date Incorporated or Qualified 08/09/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

CALAMIA, KRISTINE D
4771 NW 7TH STREET
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALAMIA, KRISTINE D	1.2 NAME	
STREET ADDRESS	4771 NW 7TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 00442	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALAMIA, ROBERT J	2.2 NAME	
STREET ADDRESS	4771 NW 7TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 00442	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKUSIS, JULIE A	3.2 NAME	
STREET ADDRESS	11953 WATERWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLMACHER, JERRY	4.2 NAME	
STREET ADDRESS	11953 WATERWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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 on an attachment with an address.

SIGNATURE: *Kristine D. Calamia* 3/16/97 9513460666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)