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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600080820 (9)

J.M.R.J. ASSOCIATES, INC.

Principal Place of Business Mailing Address
2670 RIVIERA MANOR 2670 RIVIERA MANOR

FILED Jan 29 1997 8:00am Secretary of State



ft lauderd	ALE FL 33332	FT LAUDERDALE FL 333	332-3422					
					3. Date Incorporated or Qualified 09/27/1996	<b>3a</b> . Da	te of Las	st Report
2. Principal f	Place of Business	2a. Mailing Address	1.0		4. FEI Number			Applied For
21		26			65-670001	0		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>27</b>			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	te	City & State			Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zıp	Count	гу	8. This corporation has liability for i	ntangible	tax unde	er s. 199.032,
24	25	29	30				<b>₹</b> No	
144	9. Name and Address of Curre	nt Hegistered Agent	В	1 Name	10. Name and Address of New Re	gistered A	gent	
	COBS, JOHN M.R.		١	Name				
	70 RIMERA MANOR LAUDERDALE FL 33332		8	2 Street	Address (P.O. Box Number is Not Accepted	ile)		
"	DAUDENDALE PL 33332		8	3		· · · · · · · · · · · · · · · · · · ·		
			8	4 City		FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	utes, the abo	<u>l</u> ve-named	corporation submits this statement for the p	urnose of	changin	a its registered
Office of	registered agent, or both, in the Stat am familiar with, and accept the oblig and familiar with, and accept the oblig	e of Florida. Such change was	: authorized I	ov the corp	poration's board of directors. I hereby accep	ot the appo	pintment	as registered
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable (NO	III Registered A	gent signature	required when reinstating)	DATE	<del></del>	
12,	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12
TITLE		☐ DELETE	1.17171.6		PRESHOENT: ICED		☐ Chang	je 💢 Addition
NAME			1.2 NAMI		2040 W. S. DAC	X3Z		
STREET ADDRESS			1.3 STRE	ET ADDRESS	2670 RIVIERA	WA	10 OB	
CITY-ST-ZIP		051536	1.4 CITY		FT LAUD. FL.	<u> </u>	<u> </u>	
TITLE		☐ DELETE	2.1 TITLE				∐ Chang	ge L. Addition
NAME			2.2 NAMI	i				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2.4 City					
NAME		L_) VELEN	3.1 TITLE	- (			Chang	ge 🔲 Addytion
STREET ADDRESS			3.2 NAME					
CITY-ST-ZIP				ET ADDRESS				
TITLE		☐ DELETE	3.4. CrtY 4.1 TITLE				Chang	ie Addition
NAME			4 2 NAM					le [] Muniton
STREET ADDRESS				EL ADDRESS				
CITY-ST-ZIP			4.4 CITY		•			
TITLE		DELETE	5 1 TITLE				Chang	e Addition
NAME			5.2 NAM			•		,
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			5.8 CITY -					
TITLE		DELETE	6.1 TITLE				Chang	e Addition
NAME			6.2 NAME			•		
STREET ADDRESS	i			T ADDRESS				
CITY-ST-ZIP			6.4 CITY					
					L			

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, or on an attachment with an address.

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