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 #	P96000084708	(2)

DOCU 1. Corporation SJS, INC	MENT # P9600 (C.	0084708 (2)			# 8114	
Principal Plac	ce of Business	Mailing Address				T GBADE LAUN DIWN TROUT YOUR	H FB.H 7881
8831 VIKING LANE 8831 VIKING LA		8831 VIKING LANE LAKELAND FL 33800	3-1752				
					3. Date Incorporated or Qualified 10/09/1996	3a. Date of Last F	Report
_	Place of Business	2a. Mailing Addres	SS		4. FEI Number	`)	pplied For
Suite, Apl	# rlc		te		37-241426		ot Applicable Additional
22	*, bic.	27	io.		5. Certificate of Status Desired		Additional lequired
City & Stat	te	City & State	, , , , , , , , , , , , , , , , , , , 		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Coul	ntry	8. This corporation has liability for		s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Re	agistered Agent	
	rz, susan j 1 viking lane		L				
	ELAND FL			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
5 40	2041014		Ţ	83			
			-	84 City		85 Zip	Code
			ì			FL	
office or agent. La	am familiar with, and accept the ob	igations of Section 607.05	oud, Fiorida Stati	леs.	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing in the appointment as	registered
12.	Signature: typed or printed name of registered OFFICERS A	IND DIRECTORS	INCITE Registered	Agent signature requi	ADDITIONS/CHANGES TO OFFI		RS IN 12
THTLE	D	DELE	TE 1.1 TIT	LE		☐ Change	☐ Addition
NAME	SEITZ, SUSAN J		1.2 NA	ME (
STREET ADDRESS	8831 VIKING LANE		1.3 STI	REET ADDRESS			
CITY - ST - ZIP	LAKELAND FL			Y-ST-ZIP			
TITLE		∐ DELE				∐ Change	Addition [
NAME			2.2 NA	ME Reet address			
STREET ADORESS CITY-ST-ZIP				TY-ST-ZIP			ł
TITLE		DELE				☐ Change	☐ Addition
NAME			3.2 NA	ME			1
STREET ADDRESS			3.3 ST	HEET ADDRESS			
CITY - ST - ZIP				TY-ST-ZIP			
TITLE		☐ DELE	ETE 4 1 TIT	LE		☐ Change	☐ Addition
NAME			4 2 N/				
STREET ADDRESS			1	REET ADDRESS			1
CITY - ST - ZIP		☐ D£L£		Y-ST-ZIP		Change	Addition
TITLE		∟, DELE		Ĭ		L J DIMINGE	III VOUITORI
NAME PROFEST ADDRESS			5.2 NA	ME REET ADDRESS			
STREET ADDRESS				Y-ST-ZIP			1
CITY-ST-ZIP TITLE		DELE				Change	Addition

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

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, or on an attachment with an address.

FILED

Jan 27 1997 8:00am

Secretary of State

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