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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000090845 (4)

LJ ASSOCIATES, INC.

STREET ADDRESS

City St-ZIP

Principal Place of Business Mailing Address 16506 WINDSOR PARK DR 16506 WINDSOR PARK DR **LUTZ FL 33549** LUTZ FL 33549-6847 3a. Date of Last Report 3. Date Incorporated or Qualified 11/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Number applied For 26 Not Applicable 21 Suite, Apt #, etc. Suite. Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes X Yes III No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MUSGROVE, JEANNE A 16506 WINDSOR PARK DR. Street Address (P.O. Box Number is Not Acceptable) 82 **LUTZ FL 33549** 83 City 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 Signature, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) (96/6) 12 13. DIP Change Modition 🔀 DELETE 1.1 TITLE TITLE LOUIS E. FRANK MUSGROVE, JEANNE A 1.2 NAME 16506 WINDSOR PARK DRIVE 16506 WINDSOR PARK DRIVE 1.3 STREET ADDRESS STREET ADDRESS 33549 **LUTZ FL 33549** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CHY-ST-ZIP Change ☐ DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition **4.1 TITLE** TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Change DELETE ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THILE 6.2 NAME NAME

> 63 STREET ADDRESS 64 CITY-ST-ZIP

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.