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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092306 (5)

FILED Feb 04 1998 8:00am Secretary of State

1, Corporation N		000000 (0)	•				
J&J CON	ISULTING GROUP INC.				1 (8 A) (8 A) (18 (A) (8 A) (1 B) (1 B) (1 B) (1 B)	#11# 1#11# (1### 11131 # #(1	8 6111 1861
Principal Place o	I Business	Mailing Address				0110 20110 11800 3 140 00 11	<i>i</i> (
275 DC WOODL		275 DC WOODLAKE LAI	NF.				
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33					DO NOT HIDITE IN	T- 110 00 1 0 F	
-					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified		
2. Principal Plac	a of Business	2a. Mailing Address			11/12/1996 4. FEI Number	I Jan	plied For
21 711101pai / 140	e of Business	26			65-0706244		Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			¢0.75 .		
22		27		5. Certificate of Status Desired L	Fee Rei		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28	4		Trust Fund Contribution	Added to	Fees
Zip	Country	Zφ	Cour	ntry	8. This corporation owes or has paid		1
24	25	29	30		Personal Property Tax due June 30		No
	9. Name and Address of Curren	t Registered Agent		81 Name	10, Name and Address of New Regis	terea Agent	
	OWAY, JAMES W						
	OC WOODLAKE LANE	•		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH FL 33442			ŀ	83			
			[84 City	•	FL 85 Zip C	ode
11. Pursuant to	the provisions of Sections 607.0502	2 and 607.1508. Florida Statu	tes, the ab	xove-named corr	poration submits this statement for the purp	pose of changing its	registered
office or rea	istered agent, or both, in the State familiar with, and accept the obligation	of Florida. Such change was	authorized	d by the corporat	tion's board of directors. I hereby accept t	he appointment as r	egistered
•••	tallina with and accopt the oninge	anona an, addition bor ladde, ri	onde oran				
SIGNATURE Sig	nature, typed or printed name of registered agree	nt and trile if applicable. (NO	TE: Registered	Agent signature requi	red when reinstaling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELET E	1.1 TIT			☐ Change	Addition
NAME	GALLOWAY, JAMES W		1.2 NA				
STREET ADDRESS	275 DC WOODLAKE LANE		1	REET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CIT 2.1 TIT	Y-ST-ZIP			-
TITLE		☐ DEL ete		Lt		1 Chance	I LANDINON I
NAME			0.0 N/A	R 4 C		Change	Addition
STREET ADDRESS			2.2 NA			∐ Change	☐ Addition
			2.3 ST	REET ADDRESS		[] Change	☐ Addition
CITY-ST-ZIP		∏ DELETÉ	2.3 STF 2. 4 CF	REET ADDRESS TY-ST-ZIP	· ·	☐ Change	Addition Addition
TITLE		☐ DELETÉ	2.3 STF 2. 4 CF 3.1 TiT	REET ADDRESS TY-ST-ZIP LE			
TITLE NAME		☐ DELETE	2.3 STF 2.4 CF 3.1 TIT 3.2 NA	REET ADDRESS TY-ST-ZIP LE ME			
TITLE NAME STREET ADDRESS		☐ DELETÉ	2.3 STF 2.4 CF 3.1 TIT 3.2 NA 3.3 STF	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS			
TITLE NAME		☐ DELETE	2.3 STF 2.4 CF 3.1 TIT 3.2 NA 3.3 STF	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.3 STF 2. 4 CF 3.1 TIT 3.2 NA 3.3 STF 3.4. CF	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.3 STF 2. 4 CF 3.1 TIT 3.2 NA 3.3 STF 3.4 CF 4.1 TII 4.2 NA	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TII 4.2 NA 4.3 STI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME	·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TII 4.2 NA 4.3 STI	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 STI 2. 4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TII 4. 2 NA 4.3 STI 4.4 CIT	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 STI 2. 4 CF 3.1 TIT 3.2 NA 3.3 STI 3.4 CF 4.1 TIT 4.2 NA 4.3 STI 4.4 CF 5.1 TIT 5.2 NA	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 STI 2. 4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 NA 4.3 STI 5.1 TII 5.2 NA 5.3 STI 5.4 CI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE ME ME REET ADDRESS TY-ST-ZIP		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE		☐ DELETE	2.3 ST/ 2.4 C/ 3.1 TiT 3.2 NA 3.3 ST/ 3.4 C/ 4.1 TiI 4.2 NA 4.3 ST/ 4.4 C/T 5.1 TiT 5.2 NA 5.3 ST/ 5.4 C/T 6.1 TiT	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 NA 4.3 STI 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TIT 6.2 NA	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS (Y-ST-ZIP) LE ME ME REET ADDRESS		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE		☐ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 NA 4.3 STI 5.1 TIT 5.2 NA 5.3 STI 6.1 TIT 6.2 NA 6.3 STI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS		Change	Addition Addition

14. Thereby 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 perpendicular 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.

SIGNATURE & LONG W Lalleway

1-29-98

(561)4705897