

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

FILED

**Jan 14 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 # P96000093000 (3)

1. Corporation Name
JCJ VENTURES, INC.



Principal Place of Business: **6060 BIRCHTREE TERRACE LAKE WORTH FL 33467**
Mailing Address: **6060 BIRCHTREE TERRACE LAKE WORTH FL 33467-6523**

3. Date Incorporated or Qualified: **11/13/1996**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 **5768 JOG ROAD**

2a. Mailing Address

4. FEI Number: **650714031**
Applied For: Not Applicable:

22 **#23**

27 Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 **LAKWORTH FLORIDA**

28 City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24 **33463** 25 **USA**

29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name: **CARL N. Bienz**
82 Street Address (P.O. Box Number is Not Acceptable): **6060 Birchtree terrace**
83
84 City: **Lakeworth** 85 Zip Code: **FL 33467**

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: **Carl N. Bienz** **CARL N. BIENZ** **1-8-97**
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BIENZ, CARL N	
STREET ADDRESS	6060 BIRCHTREE TERRACE	
CITY - ST - ZIP	LAKE WORTH FL 33467	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BIENZ, NANCY L	
STREET ADDRESS	6060 BIRCHTREE TERRACE	
CITY - ST - ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: **Carl N. Bienz Pres** **1-8-97** **561-964-8339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Area Phone #)

CR2E034 (9/96)