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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093534 (1)

S.J.S. 2000, INC.

Principal Place of Business	Mailing Address

FILED May 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 7517 CURTISS AVENUE 7517 CURTISS AVENUE SARASOTA FL 34231 SARASOTA FL 34231-8020											
							3. Date Incorporated or Qualified 11/12/1996	3a. Da	te of La	st Report	
_	2. Principal Place of Business 2a. Mailing Address					4. FE! Number	3	Applied For			
21 Suite Ant	26 Suite, Apt. #, etc. Suite, Apt. #, etc.			₩65070969°	7	Not Applicable \$8.75 Additional					
22					5. Certificate of Status Desired	of Status Desired Fee Required					
City & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Country Zip Country			8. This corporation has liability for intangible tax under s. 199.032,						
24	25	29		30			Florida Statutes 🔀 Yes 🗌 No				
	9. Name and Address of Cu	rrent Registered Ag	ent				10. Name and Address of New Re	gistered A	igent		
	RANT, SHARON			8.	l Na	me					ŀ
7517 CURTISS AVENUE SARASOTA FL 34231		82	Str	oet Addre	fress (P.O. Box Number is Not Acceptable)						
SAPASOTA FL 34231				8:	3						
				B	4 Cit	y		FL	85	Zip Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508,	Florida Statute	s, the abo	vo-nan	ned corpo	oration submits this statement for the pon's board of directors. I hereby accep		changi	ng its regis	stered
agent. I a	im familiar with, and accept the of	bligations of, Section	607.0505, Flo	rida Statute	98.	Сограни	or a board of directors. Thereby accep	и пе врр	20110TIG11	ii as regisie	oreu
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable	(NOTE	: Registered A	gent sign	alure require	d when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIREC		
TITLE	D		DELETE	1 1 THLE		- (☐ Char	nge 🔲 A	ddition
NAME	DURRANT, SHARON			1.2 NAME							
STREET ADDRESS	7517 CURTISS AVENUE SARASOTA FL 34231			1.3 STREE		SS					į.
CITY-ST-ZIP TITLE	ONINOVIA I C 01201		DELETE	1.4 CHY- 2.1 THE					Char	nge 🔲 A	odilion (
NAME		_	_	2.2 NAME		}				0 - 23	
STREET ADDRESS				2.3 STHEE	et addre	:ss					ľ
CITY-ST-ZIP				2 4 CH1Y	- \$1 - 2 (P						
TETLE			DELETE	3.1 TITLE					☐ Char	nge 🔲 A	ddition
NAME				3.2 NAME							
STREET ADDRESS				3.3 BIREE	ET ADORE	:SS					
CITY-ST-ZIP			7 65:55	3.4. CITY							
TITLE		Ĺ	DELETE	4.1 TITLE		ĺ			Char	nge [] A	ddilion
NAME				4.2 NAM							1
STREET ADDRESS	Į.			4 3 BTRES		ss					-
CITY-ST-ZIP			DELETE	44 DITY-					☐ Char	000 T A	ddition
TITLE NAME		L	_ DULL TE	5.1 TITLE					Cildi	ngc ∟JA	autou)()
STREET ADDRESS				5.2 NAME 5.3 \$1RE		22					ł
CITY-ST-ZIP				5.4 ÇITY-		.53					1
TITLE			DELETE	6.1 TITLE					☐ Char	nge T A	ddilion
NAME		_		62 NAME						,	
STREET ADDRESS				6.3 \$18E8		ss					- }
CITY-ST-ZIP				6.4 C(TY-							1

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.