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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000101831 (1) J. TINO ENTERPRISE, INC. Mailing Address Principal Place of Business 5319 24 STREET WEST 5319 24 STREET WEST BRADENTON FL 34207 BRADENTON FL 34207-3008 3. Date Incorporated or Qualified 3a. Date of Last Report 12/16/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X Fee Required 27 22 City & Strite City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Country Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes I No 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent TINO, JERALD N Landon 5319 24 STREET WEST r is Not Acceptable) Clo Landon Accounting & Tax Service, Inc. **BRADENTON FL 34207** 83 Zip Code 34229 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. recitet (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DAS DELETE 1.1 TITLE Change Addition Tille NAME Jemil N. Tino 1.2 NAME 5319 242 Street West 1.3 STREET ADDRESS STREET ADDRESS Bradenton, FL 34207 1.4 CITY - ST - ZIP Ci17 - S1 DELETE Change Addition THILE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP CHTY - ST - ZIF DELETE Change Addition THE 3.1 TITLE

6.2 NAME DAME STREET ADDRESS 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 regulred by Chapter 607, Florida Statutes; and that my name

3.2 NAME

4 1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

54 CITY-ST-ZIP

SIGNATURE:

MAME

CHY-S1

TITLE

NAME STREET ADDRESS

THEF

CHY-ST-79

STREET ACORESS

CITY - ST - ZIP TITLE

STREET ADDRESS

DELETE

DELETE

DELETE

FILED

May 19 1997 8:00am

Secretary of State

Change

Change

☐ Change

Addition

Addition

■ Addition