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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P97000029023 (3)

J & L ENTERPRISES OF BROWARD, INC.

Principal Place of Business Mailing Address 2601 NW 70 AVE. 2601 NW 70 AVE. MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1997 2, Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional K Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes 24 25 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name JAGIELSKI, ELIGIUSZ 2601 NW 70 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 63 City Zip Code 85 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, typed or printed mine of registered agent and title if applicable (NO1f : Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition JAGIELSKI, ELIGUISZ NAME 1.2 NAME 2601 NW 70 AVE. STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP 1.4 City-St-ZIP DELETE 21 TITLE Change Addition TITLE NAME LUCARZ, WIESLAW 2.2 NAME 2601 NW 70 AVE. STREET ADDRESS 2.3 STREET ADDRESS MARGATE FL 33063 CITY-ST ZIP 2 4 CITY-ST-ZIP ☐ DELETE ☐ Change ■ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition

14. I 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 convertation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapped, or or an attachment with an address.

4. 2 NAME

51 TITLE

52 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 City-St-ZiP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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Wiedow Amai

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[954] 755-8805

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Addition

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FILED

Feb 23 1998 8:00am

Secretary of State