

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90021 048 ***150.00

DOCUMENT # **P97000041254**

Corporation Name

CMJ, INC.



Principal Place of Business

**450 SOUTH STATE ROAD 7
OFFICE 38
FT LAUDERDALE FL 33314**

Mailing Address

**5450 SOUTH STATE ROAD 7
OFFICE 38
FT LAUDERDALE FL 33314**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

29

30

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

65-0751251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ 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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I. 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE ☐ DELETE
ME **PD**
REET ADDRESS **PHILLIPS, SIDNEY**
5450 SOUTH STATE ROAD 7
Y-ST-ZIP **FT LAUDERDALE FL 33314**

1.1 TITLE

☐ Change ☐ Addition

LE ☐ DELETE
ME **SD**
REET ADDRESS **CLARKE, CAROL**
5450 SOUTH STATE ROAD 7
Y-ST-ZIP **FT LAUDERDALE FL 33314**

1.2 NAME

☐ Change ☐ Addition

LE ☐ DELETE
ME **TD**
REET ADDRESS **WILDISH, JOHN**
5450 SOUTH STATE ROAD 7
Y-ST-ZIP **FT LAUDERDALE FL 33314**

1.3 STREET ADDRESS

☐ Change ☐ Addition

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

2.2 NAME

☐ Change ☐ Addition

2.3 STREET ADDRESS

☐ Change ☐ Addition

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS

☐ Change ☐ Addition

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS

☐ Change ☐ Addition

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS

☐ Change ☐ Addition

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS

☐ Change ☐ Addition

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

JOHN WILDISH

June/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

585572 90021-48
P97000041254

CMJ Inc.
5450 S. State Road & Office 38
Fort Lauderdale Fl 33314-6447

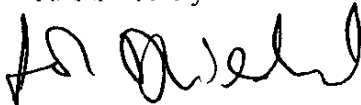
Florida Department of State
Annual Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

June 29 1999

Dear Sirs,

I received a second notice of 1999 Profit Corporation Annual report. This report had a late filing fee of 550\$. When I called about this I was told that I should write in and ask that you forgive me for my lack of knowledge and for the fact that I have not received my regular filing paperwork. I was also told that I should pay 150\$ for this report. I am asking you to forgive us as we did not know and I have enclosed a 150\$ check.

Yours Sincerely



John Wildish