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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000042970**1. Corporation Name

I & J ASSOCIATES, INC.

Principal Place of Business		Mailing Address					,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5255A COQUINA KEY DRIVE SE ST PETE FL 33705		5255A COOUINA KEY DRII ST PETE FL 33705	5255A COQUINA KEY DRIVE SE ST PETE FL 33705					
						DO NOT WRITE II	N THIS SPACE	
		•	•			3. Date Incorporated or Qualifed 05/15/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21		26				59-3447763	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional equired
City & Stat	e =	City & State		<u> حد</u>	<u> - تسييمتسي</u>	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current y	ear Intangible	
24	25	29	30			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Current	t Registered Agent		7		10. Name and Address of New Regis	stered Agent	
				81 Na	ne			
MEIN	NCH, IRENE					(2.0.2)		
5255	5A COQUINA KEY DRIVE SE			82 Str	et Adare	ess (P.O. Box Number is Not Acceptable)		
ST F	PETE FL 33705			83				11.0
				84 Cit	/		85 Zip	Code
	•			1 1			P -	
41 Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	tes, the a	above-nar	ned corpo	pration submits this statement for the purp	oose of changing its	registered
	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga			above-nar	ned corpo orporation	oration submits this statement for the purp n's board of directors. I hereby accept the	pose of changing its a appointment as re	registered egistered
	registered agent, or both, in the state am familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Sta	above-nar d by the d tutes.	огрогацог	To board of directors. Thereby accept the		registered egistered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation of the state agent to th	nt and title if applicable.	erida Stat	above-nared by the of tutes.	огрогацог	when reinstating)	DATE	
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SIGNATURE 12.	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable.	E: Registered 13.	above-nar d by the c tutes. d Agent signa	огрогацог	when reinstating)	DATE	
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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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90077 044 ***150.00

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