Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90117 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700063537

1. Corporation Name

PJJ INVE	STMENT, INC.								
Principal Place	of Business	Mailing Address				- 1 10641009 119 (014) 10914 #401 00		/// #8 //8 0 00	
10346 NORTHWEST 4TH STREET 10346 NORTHWEST 4TH STREET CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						DO NOT WRI	TE IN TUIC	CDACE	
							· IE IN 1713	SPACE	
i.						3. Date Incorporated or Qualifed 07/23/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	-	A _F	plied For
21		26				65-0769453		No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	,	27				5. Certificate of Status Desired		Fee Re	equired
City & State	9	City & State				6, Election Campaign Financing		\$5.00	May Be
23 28						Trust Fund Contribution		Added t	to Fees
Zip				1		8. This corporation owes the curr	ent year Int	angible	
24	25	29	30			Personal Property Tax.		☐Yes	No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered	Agent	
			81	Nar	me				
RITTER, GREGORY			82	Stre	eet Addre	ss (P.O. Box Number is Not Accepta	able)		
7000 W. PALMETTO PARK ROAD, #400			_						
BOCA RATON FL 33433			83	3					
			84	City	y		FI	85 Zip (Code
	to the provisions of Sections 607.0502	and CO7 1509 Florido Statuta	o the abou	0.000	and cornor	ration submits this statement for the		changing its	registered
office or re	to the provisions of Sections 607.0302 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was aut	thorized by	the c	orporation	's board of directors. I hereby accep	ot the appoi	ntment as re	gistered
SIGNATURE						when reinstating)	DATE		
<u> </u>	Signature, typed or printed name of registered agent		13.	int signat	rnue redminen	ADDITIONS/CHANGES TO OF		ID DIRECTO	DRS IN 12
12.		DELETE	1.1 T/TLE		·r	ADDITIONS/CHANGES TO GE	I ICENO AN	Change	Addition
1	ru		1.2 NAME						_
NAME	DICKNIAN, JUDI			T 4000					1
STREET ADDRESS	10111 1101111111201 10112		1.3 STREE		ESS				Ì
CITY-ST-ZIP	C DELETE		1.4 CITY-1	ST-ZIP				☐ Change	Addition
TITLE	VD								
NAME	DEVINO, FAMILEA D		2.2 NAME						ļ
STREET ADDRESS	12265 ROCKLEDGE CIR			TADOR	ESS	٠			
CITY-ST-ZIP	DOCA TOTAL CONTROL OF THE CONTROL OF		2.4 CITY- 3.1 TITLE	ST-ZIP				☐ Change	Addition
TITLE	STD					 -		crailde_	
NAME	KAPLAN, JUDITH W	3.2 N							ļ
STREET ADDRESS	100-10 110111111/201 1111 0111221			3 3 STREET ADDRESS					
CITY-ST-ZIP	COLLE OF THE COLL		3.4. CITY-	ST-ZIP				Channe	Addition
TITLE	,	☐ DELETE 4.11						Change	
NAME	•		4. 2 NAME	4. 2 NAME					
STREET ADDRESS	STREET ADDRESS 4.3 S		4.3 STREE	4.3 STREET ADDRESS					
571. 47. 23			4.4 CITY-	ST-ZIP					
11144			5.1 TITLE		1			Change	☐ Addition
I AVALAE			5.2 NAME		1				

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ICER OR DIRECTOR

☐ DELETÉ

Change

☐ Addition