## 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 # P97000071895

1. Corporation Name

S & J ACCOUNTING, INC.

1	
	•
Principal Place of Business	Mailing Address
5929 PINEBROOK DR	. 5929 PINEBROOK DR
BOCA RATON FL 33433	BOCA RATON FL 33433
j	

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90078 020 \*\*\*150.00



BOCA RATON FL 33433 BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 08/18/1997			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Ap	plied For		
H	26		65-0625372 No	t Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Re			
City & State	City & State	MILW TONIO	6. Election Campaign Financing Trust Fund Contribution  Added	-		
Zip	Zip C	ountry	8. This corporation owes the current year Intangible Personal Property Tax.	□No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
ALEXANDER, STEPHEN 5929 PINEBROOK DR BOCA RATON FL 33433		81 Name 82 Street Addr 83	ress (P.O. Box Number is Not Acceptable)			

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

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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											
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	<b>DP</b> □ OELETE	1.1 TITLE				☐ Change	☐ Addition				
NAME	ALEXANDER, STEPHEN	1.2 NAME									
STREET ADDRESS	5929 PINEBROOK DR	1.3 STREET ADDRESS									
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP		_							
TITLE	S DELETE	2.1 TITLE				☐ Change	☐ Addition				
NAME	ALEXANDER, DORYLEE	2.2 NAME									
STREET ADDRESS	5929 PINEBROOK DR	2.3 STREET ADDRESS									
CITY-ST-ZIP	BOCA RATON FL 33433	_ 2,4 CITY-ST-ZIP									
TITLE	DELETE	3.1 TITLE				Change	☐ Addition				
NAME		3.2 NAME									
STREET ADDRESS	•	3.3 STREET ADDRESS									
CITY-ST-ZIP		3.4. CITY-ST-ZIP									
TITLE	DELETE	4.1 TITLE				Change	☐ Addition				
NAME		4. 2 NAME									
STREET ADDRESS		4.3 STREET ADDRESS									
CITY-ST-ZIP		4.4 CITY-ST-ZIP									
TITLE	DELETE	5.1 TITLE		,		Change	☐ Addition				
NAME .		5.2 NAME					,				
STREET ADDRESS		5.3 STREET ADDRESS									
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP									
TITLE	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition				
NAME		6.2 NAME					j				
STREET ADDRESS		6.3 STREET ADORESS	]				i				
CITY-ST-ZIP		6.4 CITY+ST-ZIP									

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 comparation 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.

DITEPHEN HEXANDER SIGNATURE:

Zip Code

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