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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000072473 1. Corporation Name

CSJ. INC.

Principal Place of Business

Mailing Address

3412 EDINBURGH DRIVE PACE FL 32571

3412 EDINBURGH DRIVE

PACE FL 32571

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90190 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/20/1997

<ol><li>Principal Pl</li></ol>	lace of Business 2a. Mailing Address				4. FEI Number		A	pplied For
21		26			59-3467372		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,	5. Certifcate of Status Desired			Additional equired
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 30	Country		This corporation owes the curre Personal Property Tax.		ngible X Yes	□No
24	9. Name and Address of Current		<del></del>		10. Name and Address of New R	egistered A	gent	
			81	Name			<u></u>	
CUTCHENS, JESSIE A 3412 EDINBURGH DRIVE PACE FL 32571				82 Street Address (P.O. Box Number is Not Acceptable)				
			84	City		FL	85 Zip	Code
office or re agent. I as SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation Signature, typed or punited name of registered agent	f Florida. Such change was authons of, Section 607.0505, Florida	onzed by to Statutes.	ne corporatio	on's board or directors, I nereby accept	DATE	unent as i	egistered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND		ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME STREET ADDRESS	CUTCHENS, JESSIE A 3412 EDINBURGH DRIVE	,	12 NAME 13 STREET	ADDRESS			٠.,	
CITY-ST-ZIP	PACE FL 32571		1.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition Ì
NAME		!	2.2 NAME					1
STREET ADDRESS			2.3 STREET	ADDRESS				{
CITY-ST-ZIP			2.4 CITY-S	r-ZiP				
TITLE	☐ DELETE 3.11		3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS		•	3.3 STREET					)
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			Charre	Addition
TITLE		☐ DELETE	4.1 TITLE	ļ			Change	
NAME			4. 2 NAME	ADDOCECC				1
STREET ADDRESS			4.3 STREET	i i				ł
CITY-ST-ZIP		Doctor	44 CITY-ST	-ZIP			Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					
NAME			5.2 NAME 5.3 STREET	*LUDBEGG				ĺ
STREET ADDRESS				i				ļ
CITY-ST-ZIP		C SCIETE	5.4 CITY-ST 6.1 TITLE	- 411			Change	Addition
TITLE		☐ DELETE	6.1 HILE 6.2 NAME				□ ∧ivaniĝe	L Addition
NAME			6.3 STREET	ADDDESS				
STREET ADDRESS			6.4 CITY-ST	1				j
CITY-ST-ZIP	if at a inf in it is a inferior	this filing door and gualify for th			Section 119.07(3)(i), Florida Statutes.	I further cert	fy that the	information

indicated on this annual report or supplied with this limit does not qualify not the exemption stated in Section 1 19.07(3)(i), Frortida Statutes. If further certify that the informational indicated on this annual report is rupelemental 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.

SIGNATURE: