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PROFIT CORPORATION ANNUAL REPORT

1998

HOLLYWOOD FL 33024



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000084780 (0) **DOCUMENT #**

J & J ENTERPRISES OF BROWARD, INC.

Principal Place of Business Mailing Address 6819 JOHNSON STREET 6819 JOHNSON STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For AM B 6815 JOHNSON ST Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. ☐ No 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MATHEW, SAVY 6819 JOHNSON STREET

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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 agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. JOSEDU Lapplicabl (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE MATHEW, LUCYKUTTY NAME 1.2 NAME JOSEPH, MATHE **6819 JOHNSON STREET** STREET ADDRESS 1.3 STREET ADDRESS 819 JOHNSON ST, HOLLYWOOD, PL 3302 HOLLYWOOD FL 33024 CITY - ST - ZIP 1.4 CITY-ST-ZIP SID DELETE TITLE 21 TITLE MATHEW, SAVY NAME 2.2 NAME **6819 JOHNSON STREET** STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ___ Addition TITLE FERNANDEZ, JOHNSON NAME 5251 S.W. 90 WAY #3 STREET ADDRESS 3.3 STREET ADDRESS COOPER CITY FL 33328 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 reserver of trustee empowered to execute this report as required by Chapter 607, 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 reserver to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is full and the same legal effect as if made under oath; that I am an officer or director of the corporation or the reserver to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is full and the same legal effect as if made under oath; that I am an officer or director of the corporation or the reserver of the corporation of the reserver of the reser

SIGNATURE:

FILED

Jan 28 1998 8:00am

Secretary of State