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

**CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092025 (0)

NJ & J INC, OF ORLANDO

Mailing Address

## **FILED** May 04 1998 8:00am Secretary of State



	CENTER BLVD., UNIT 103A	3924 TOWN CENTER BLVD., UNIT 103A ORLANDO FL 32837					
ORLANDO FL 32837		CHEMINO PE 32037		DO NOT WRITE IN THI	S SPACE		
					<ol> <li>Date Incorporated or Qualified</li> <li>10/27/1997</li> </ol>		
	Al Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For
21 392 U	3924 TOWN Center Blud 26 SAME				59-3468525	No	ot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 A	
City & Stat					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	current year Int	angible
24 328.	37 25	29	30		Personal Property Tax due June 30.	Yes [	] No
	9, Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent	
NI	UNEZ, LEYDI		8	1 Name			
	24 TOWN CENTER BLVD., UNIT	403A	ي ا	SAM			
ORLANDO FL 32837				Street Ac	ddress (P.O. Box Number is Not Acceptable)		
			"	۳)			
	_			4 City	F		Code
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.							
SIGNATURE							
	Signature, typed or printed name of registered ager			igent signature re	quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Pres CEO	☐ DELE <b>te</b>	1.1 7171	i		∐ Change	Addition
NAME			1.2 NAM	E			
STREET ADDRESS			1.3 STR	ET ADDRESS			
CITY-ST-ZIP			_	-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2 2 NAW	E			
STREET ADDRESS			2.3 STRI	ET ADDRESS			
CITY-ST-ZIP			2. 4 CIT	1-ST-ZIP			
TITLE	DELETE		3 1 TITL			Change	Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3 3 STR	E1 ADDRESS			
CITY-ST-ZIP	:		3.4. CIT	r-ST-ZIP			
TITLE		DELETE	41 TITL	E		Change	Addition
NAME			4 2 NAM	ΛE.			
STREET ADDRESS			4.3 STR	ET ADDRESS			1
CITY-ST-ZIP			4.4 City	-ST-ZIP			
TITLE		DELETE	5.1 TITL	E		☐ Change	Addition
NAME			5.2 NAM	IE			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			1
TITLE		DELETE	6.1 Titl			Change	Addition
NAME		<del></del>	6.2 NAV			•	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	<u> </u>		6.4 UII Y	- ST - ZIP			

14. Thereby 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.