Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Suite, Apt. #, etc.

City & State

Zip

27

28

Feb 26, 1999 8:00 am Secretary of State

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

12/15/1997 4. FEI Number

65-0804605

02-26-1999 90018 024 ***150.00

DOCUMENT #	P97000105130

Corporation Name

Suite, Apt. #, etc.

City & State

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Ζip

J D J REALTY CORP.

Principal Place of Business	Mailing Address
2315 NEWBURY DRIVE WELLINGTON FL 33414	2315 NEWBURY DRIVE WELLINGTON FL 33414
2. Principal Place of Business	2a. Mailing Address

29 9. Name and Address of Current Registered Agent

Country

CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST.

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	1866 1880 68 06	8.8 00 882 8 1 (186) 8	81 01 (1101 21 006 11141	8011 (88)
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DO NOT WRITE IN THIS SPACE

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TALL	AHASSEE FL 32301		4.1					
			84 City	Wellin	arta	FL	85 Zip C	July
44 Pursuant	to the provisions of Sections 607.0502 and 607.15	508 Florida Statutes.	the above-named	compration subjection	s this statement f	or the purpose of	changing its	registered
office or re	egistered agent, or both, in the State of Florida, St	uch change was auth	orized by the corp	oration's board of	directors. I hereby	accept the appoi	ntment as reg	jistered
agent. I ai	n familiar with, and accept the obligations of Sec	tion 607.0505, Florid	a Statutes.		1	. /	Joo.	
SIGNATURE		gon	egistered Agent signature	,		<i> ˌૣૺઌૣ૽</i> \`	199	
	Signature, typed or printed name of registered agent and title if applic	<i>11</i>			IONS/CHANGES T	O OFFICERS AN	ID DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTO	DELETE	13.	ADDIT	IONS/CHANGES I	O OFFICERS AI	☐ Change	Addition
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NAME	PIEGERI, JOSEPH A		1.2 NAME				•	}
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CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP					
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CITY-ST-ZIP	WELLINGTON FL 33414		2. 4 CITY-ST-ZIP		i			
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TITLE		☐ DELETE	5.1 TITLE		1	·.	Change	☐ Addition
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NAME			6.2 NAME		•			İ
STREET ADDRESS			6.3 STREET ADDRESS		:			1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		<u>i</u>	718		

Country

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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.

SIGNATURE: