

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90063 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000036147

1. Corporation Name  
**SJS MACHINERY, INC.**



Principal Place of Business: 4911 WILLOWBROOK CIR WINTER HAVEN FL 33884  
 Mailing Address: 4911 WILLOWBROOK CIR WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1998

4. FEI Number: 59-1684117

5. Certificate of Status Desired:  Applied For,  Not Applicable. Fee: \$8.75 Additional Fee Required

6. Election Campaign Financing:  Trust Fund Contribution. Fee: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes,  No

2. Principal Place of Business: 21 1885 W. Executive Rd. Suite, Apt. #, etc. 22  
 2a. Mailing Address: 26 6039 Cypress Gardens Blvd. Suite, Apt. #, etc. 27 #311  
 City & State: 23 Winter Haven, FL 28  
 Zip: 24 33884 Country: 25 U.S.A. 29 33884 30 U.S.A.

9. Name and Address of Current Registered Agent: SIGNOR, STEVEN LOWELL, 4911 WILLOWBROOK CIR, WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: *Steven Signor* (NOTE: Registered Agent signature required when reinstating) DATE: 4/19/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIGNOR, STEVEN LOWELL	
STREET ADDRESS	4911 WILLOWBROOK CIR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIGNOR, BETTY ANN	
STREET ADDRESS	4911 WILLOWBROOK CIR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIGNOR, LOWELL A	
STREET ADDRESS	4911 WILLOWBROOK CIR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERS, BOBBY DALE	
STREET ADDRESS	4911 WILLOWBROOK CIR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 or without other like empowered.

SIGNATURE: *Steven Signor* / Steven Signor 4/19/99 (941) 324-6243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)