Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90169 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000041738

1. Corporation Name

SSJ ENTERPRISES, INC.

Principal Place of Business Mailing Address						D: ((0 0 0 1 0 1 1 1 1 1	IAN INH INN
3911 NE 27 AVE LIGHTHOUSE POINT FL 33064		3911 NE 27 AVE					
LIGHTHOUSE, P	OINT FL 33064	LIGHTHOUSE POINT FL 33064			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/08/1998		1
2. Principa P	lace of Business	2a, Mailing Address			4. FEI Number	App	lied For
21		26			65-0834724	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	iditional
22	·	27			5. Certifcate of Status Desired	Fee Rec	uired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	lay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country ZipCo		Countr	y .	8. This or rporation owes the current year intangible		
24	25 29 30		0		Persor al Property Tax.		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	red Agent	
			8	Name			1
AMERILAWYER				2 Street Acc	ess (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE							
COR	IAL GABLES FL 33134		8:	3			1
			84	City		85 Zip C	ode
				'	-	EL °° = F	
office cr r	egistered agent, or both, in the State of	of Florida. Such change was aut∤	norized b	/ the corporat	oration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its r opointment as reg	egistered stered
Ü	m familiar with, and accept the obligat	ions of, Section 607.0000, Fione	a Statute	5.			
SIGNATURE	Signature, typed or printed na ne of registered agen	t and title if applicable. (NOT E. Re	egistered Ag	ent signature requi	d when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	JAKOBOWSKI, STEPHEN F		12 NAME				
STREET ADDRE 3S	3911 NE 27 AVE		13 STRE	T ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		1.4 CITY-	ST-ZIP			
TITLE	VSD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	JAKOBOWSKI, SANDRA A	NDRA A 22 N					
STREET ADDRE 3S			2 3 STRE	ET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064 2.40		2.4 CITY	ST-ZIP			
TITLE		☐ DELETE	31TITLE			Change	☐ Addition
NAME			32 NAME				
STREET ADORE 3S	33.5		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	:			
STREET ADDRE 3S			43 STRE	ET ADDRESS			1
CITY-ST-ZIP			4 4 CITY-	ST-ZIP			
TITLE		□ DELETE	5.1 TITLE	- 1		☐ Change	☐ Addition }

CITY-ST-ZIP 14. I hereb / 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 recluired 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.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRE 3S

CITY-ST-ZIP

TITLE

NAME

DELETE

Stephen F. Jakobowski of Signing Office: or Director

954/781-9638

Change

☐ Addition

CR2E034 (11/98)