**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90027 024 \*\*\*550.00

1. Corporation	MENI# <b>P9800</b> 0	050446 🗸		
SJA, CORP.				
SJA, UC	JKP.			598713-90027-24 3 *
Principal Place	e of Business	Mailing Address		- I (BENINDE: NE SEUD IBNIC BENIN BENIN BENIN BENIN BENIN BENIN BENIN BIRN BIRN BIRN INBN
3430 NW 21 S		3430 NW 21 ST		
COCONUT CR		COCONUT CREEK FL 33	066	
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2 Deinsteel D	lace of Business	2a. Mailing Address		06/05/1998 4. FEI Number Applied For
21 Principal Pi	iace of business	26		65-0843 4 20 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		\$8.75 Additional
22	.,	27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year
24	25	29	30	Intangible Personal Property. Yes No
	9. Name and Address of Curren	t Registered Agent	94 1	10. Name and Address of New Registered Agent
POI	LACK, JAY		81 Name	
	0 NW 21 ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)
COCONUT CREEK FL 33066			83	
	00,101 0.12211 12 00000			
	,		84 City	FL 85 Zip Code
11. Pursuant	t to the provisions of sections 607.0502	2 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose of changing its registered stion's board of directors. I hereby accept the appointment as registered
office or agent. I a	am familiar with, and accept the obliga	BUONS OF, SECTION BUT.UDUD, FI	authorized by the corpora orida Statutes.	
3				
SIGNATURE	X Jugan Pol	lack, Pres.	51.H.C	orp. 7/20/99
	Signature, typed or professed name of registered agen	t and title if applicable. (N	OTE: Registered Agent signature re	equired Men reinstating) DATE
12.	Signature, typed or profession are of registered agents	n and title if applicable. (N	51.H.C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<b>12.</b> TITLE	Signature, typed or aguled name of registered agen OFFICERS AN	t and title if applicable. (N	OTE: Registered Agent signature re	equired Men reinstating) DATE
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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.

**SIGNATURE**