

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90005 041 ***550.00

DOCUMENT # **P98000061003**

1. Corporation Name

PJAS CORP.



Principal Place of Business

**1489 W. PALMETTO PARK ROAD SUITE 485
BOCA RATON FL 33486**

Mailing Address

**1489 W. PALMETTO PARK ROAD SUITE 485
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1998

2. Principal Place of Business

21 2717 W. Cypress Creek Rd.

22 Suite 300

City & State

23 Fort Lauderdale, FL.

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 2717 W. Cypress Creek Rd.

27 Suite 300

City & State

28 Fort Lauderdale, FL.

Zip

29 33309

Country

30 USA

4. FEI Number

65-0858169

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**CANTOR, SAMUEL J
1489 W. PALMETTO PARK ROAD SUITE 485
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **CANTOR, SAMUEL J**

STREET ADDRESS **1489 W. PALMETTO PARK ROAD SUITE 485**

CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **David Parker**

1.3 STREET ADDRESS **2717 W. Cypress Creek Rd.**

1.4 CITY-ST-ZIP **Fort Lauderdale, FL 33309**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Debra Parker**

2.3 STREET ADDRESS **2717 W. Cypress Creek Rd.**

2.4 CITY-ST-ZIP **Fort Lauderdale, FL 33309**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

David Parker
SIGNATURE REQUIRED

8-25-99

877-969-0658

CR2E034 (5/99)

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