PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999		DIV
DOCUMENT #	P980000654	65

1. Corporation Name

JJ & ASSOCIATES MARKETING.INC.

Principal Place of Business Mailing Address							1 18811881 19191 19191 1918 1911			1781 2711 1245			
162 PAR DR.		162 F	PAR DR										
ROYAL PALM B	EACH FL 33411	ROY	IL PALM BEACH FL 334	411			DO NOT HOUTE IN						
							DO NOT WRITE IN THIS SPACE				ľ		
1							3. Date Incorporated or Qualifed				1		
							07/27/1998		LAnn	lied For	1		
2. Principal Pl	ace of Business	— 	Mailing Address				4. FEI Number 08 4 98 7	:Q	- 	Applicable	1		
21		26					0500,107	<u></u>	\$8.75 Ac		1		
Suite, Apt.	#, elc.	-	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Req		ļ		
22		27	City & State				6. Election Campaign Financing		\$5.00 N	Jay Bo	-		
City & State	B	— —	Jily & State				Trust Fund Contribution		Added to	•	ĺ		
Zip	Country	28	ip	Coun	itrv		This corporation owes the current y	ear Inta			1		
24	25	29 ·-	·	30			Personal Property Tax.		Yes []No==			
24	9. Name and Address of Curre				_		10. Name and Address of New Regis		gent				
	3. Halling and Flooress of Guite	110 110 81010			81	Name					1		
HOT	CHNER, JUNE			į.	ᆔ	Charac Ada	to an (D.O. Bay Murchar in Not Accordable)				ł		
162	PAR DR.			l'	82	Street Add	fress (P.O. Box Number is Not Acceptable)				1		
ROY	ROYAL PALM BEACH FL 33411		ļ.	83						1			
1					_				Test 7:- C		1		
1				- 1	84	City		FL	85 Zip Ci	DOB -			
_45	to the provisions of Sections 607.05 agistered agent, or both, in the State in familiar with, and accept the oblig	of Florida	Such change was all	inonzed i	กงเ	ine comorat	poration submits this statement for the purp ion's board of directors. I hereby accept the	ose of c appoint	hanging its ri Iment as regi	egistered istered			
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if a	onlicable (NOTE: I	Recistered A	hoent	tioneture requir	red when reinstitting) C	ATE			ء ا		
12.	OFFICERS A		<u> </u>	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOF	RS IN 12] ĝ		
TITLE	P		☐ DELETE	1.1 771	E				Change	Addition	Ξ		
NAME	HOTCHNER, JUNE			1.2 NA	Æ	ŀ	,				2		
STREET ADDRESS	162 PAR DR.			1.3 STR	ŒET	ADDRESS			•		1 6		
CITY-S1-ZIP	ROYAL PALM BEACH FL 334	11		1.4 CIT		1					8		
TITLE	HOTAL TO BE RETITED TO	··	☐ DELETE	21 TIT					Change	☐ Addition	C		
NAME				22 NA	Æ		•				İ		
STREET ADDRESS				23 STR	EET.	ADDRESS	•						
CITY-ST-ZIP				2.400		1					j		
TITLE			DELETE	3170	_				Change	Addition			
NAME				3.2 NAA	Æ								
STREET ADDRESS				3.3 STR	EET	ADDRESS					ı		
CITY-ST-ZIP				3.4. CIT		ì]		
TITLE			- DELETE	4.1 TIT					Change	Addition	L.		
NAME				4, 2 NA									
STREET ADDRESS						ADDRESS		•		1	1		
CITY-ST-ZIP				44 CITY							1		
TITLE			☐ DELETE	5.1 TITL					Change	Addition	ĺ		

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 of the receiver or trustee employered 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 in an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 City-St-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ED HAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90065 004 ***150.00