

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90018 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000082945

1. Corporation Name

JMMJ Enterprises Inc

548580 - 90018 - 48

Principal Place of Business  
**3250 NORTH PALM AIRE DR.  
# 707  
POMPANO BEACH, FL.  
33069**

Mailing Address  
**3250 NORTH PALM AIRE DRIVE  
# 707  
POMPANO BEACH, FL. 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-23-98

4. FEI Number

APPLIED FOR

☒ 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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**JOHN M LUKE  
2715 N. OCEAN BLVD #11D  
FT LAUDERDALE FL.  
33308**

10. Name and Address of New Registered Agent

81 Name **Michael Silvestri**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3250 N. Palm Aire Dr. #707**  
83  
84 City **Pompano Beach** FL 85 Zip Code **33069**

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

*Michael G. Silvestri*  
Signature, typed or printed name of registered agent and title if applicable

**Michael G. Silvestri**  
(NOTE: Registered Agent signature required when reinstating)

**4-28-99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>P.D.</b>			<input type="checkbox"/>
	<b>Michael Silvestri</b>	<b>3250 N. Palm Aire Dr.</b>	<b>Pompano Beach, FL 33069</b>	<input type="checkbox"/>
	<b>John Luke</b>	<b>765 Riverside Drive</b>	<b>NY, NY 10032</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
<b>PRESIDENT/SECRETARY</b>	<b>MICHAEL SILVESTRI</b>	<b>3250 N. PALM AIRE DRIVE #707</b>	<b>POMPANO BEACH, FL. 33069</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>V.P. - TREASURER</b>	<b>JOHN LUKE</b>	<b>765 RIVERSIDE DRIVE</b>	<b>NY, NY 10032</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Michael G. Silvestri*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-99**  
Date

**954-972-3839**  
Telephone Number

CR2E034 (10/97)