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

PROFIT' CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandin B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # \$24129

(6)

JJMY, INC.

Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Fillicipal Flaci | e of Business  | iviaining r           | Maining Modress                  |               |           |                             |   |
|------------------|--|-----------------------|----------------------------------|---------------|-----------|-----------------------------|---|
| 760 SOUTH U.     |  |                       | TH U.S. HIGHWA<br>CACH FL 32962- |               |           |                             |   |
|                  |  |                       |                                  |               |           |                             | 3. Date Incorporated or Qualified 01/10/1991 3a. Date of Last Report 04/26/1996 |
| 2. Principal P   | lace of Business   | 2a. Mailir            | 28. Mailing Address              |               |           |                             | 4. FET Number Applied For   |
| 21               |  | 26                    |                                  |               |           |                             | 65-0238612 Not Applicable   |
| Suite, Apl.      | #, elc.  | ومروح وحسون استستنها  | Suite, Apt. #, etc.              |               |           |                             | \$8.75 Additional   |
| 22               |  | 27                    |                                  |               |           |                             | 5. Certificate of Status Desired Fee Required                                   |
| City & State     | 0  | City &                | & State                          |               |           |                             | 6. Election Campaign Financing \$5.00 May Be                                    |
| 23               |  | 28                    |                                  |               |           |                             | Trust Fund Contribution Added to Fees   |
| Zip              | Country  | Zip                   |                                  | Cou           | nlry      |                             | 8. This corporation has liability for intengible tax under s. 199.032,          |
| 24               | 25 29  |                       | 30                               |               |           | Florida Statutes 🔀 Yes 🗌 No |   |
|                  | 9. Name and Address of Curren                                      | t Registered          | Agent                            |               |           |                             | 10. Name and Address of New Registered Agent                                    |
| STR              | RUMECKI, JOLANTA   |                       |                                  |               | 81        | Name                        |   |
|                  | SOUTH US HIGHWAY 1   |                       |                                  |               | 82        | Stroot Addr                 | ress (P.O. Box Number is Not Acceptable)  |
|                  | O BEACH FL 32962   |                       |                                  |               |           |                             | 2 6 6 Are. S.W.   |
| 1611             |  |                       |                                  |               | 83        | <u></u>                     |   |
|                  |  |                       |                                  |               |           |                             |   |
| 4                |  |                       |                                  |               | 84        | City                        | v Beach FL 85 Zip Code 32962  |
| 11. Pureuant     | to the provisions of Sections 607.050                              | 2 and 607 150         | )8. Florida Stati                | des the at    | bove      | paged care                  | paration pulpoits this statement for the purpose of changing its registered     |
| Office or r      | egistered agent, or both, in the State                             | of Florida, Su        | ch change was                    | authorize     | d by      | the corporat                | tion's board of directors. I hereby accept the appointment as registered        |
| ≢agent. I a      | im familiar with, and accept the obliga                            | tions of, Sect        | ion 607.0505, F                  | iorida Stat   | uies.     | •                           |   |
| SIGNATURE        |  | at and tale if applie | able (MC                         | NI Importance | d Agos    | d eigendurch reduct         | red when reinstaling) DATE.   |
| 12,              | Signature, typed or printed name of registered age<br>OFFICERS AND |                       |                                  | 13.           | u Agei    | ii sigriatore requi         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                               |
| TITLE            | P  | , Dirit O'TO'TE       | DELETE                           | 1116          |           | T                           | Change Addition   |
| NAME             | STRUMECKI, JANUSZ  |                       |                                  | 12 N/         |           |                             |   |
|                  | 760-SOUTH U.S. 11WY-1  |                       |                                  |               |           | ADDRESS /                   | 1050 6th Ave SW   |
| STREET ADDRESS   | VERO BEACH FL  |                       |                                  | 1             |           |                             | Jero Beach PC 32962   |
| CITY-ST-ZIP      | VERO BEACH FL  |                       | DELETE                           | 21 II         | IY-SI     | ·/P   L                     | Devo Deuch PC 36766   |
| TITLE            | OTOURIECE/I IOLANITA   |                       | L) billin                        |               |           |                             | S owner Producti  |
| NAME             | STRUMECKI, JOLANTA   |                       |                                  | 22 N/         |           |                             | 1050 6th Ave SW   |
| STREET ADDRESS   | 700 900TH U.S. HWY-1   |                       |                                  | 7             |           |                             |   |
| CITY-ST-ZIP      | VERO BEACH FL  |                       |                                  |               |           | I71P                        | Ver Beach FL 32962 Change Addition  |
| TITLE            |  |                       | ☐ DELFTE                         |               |           | 494.0 df-                   |   |
| NAME             |  |                       |                                  | 3.2 N/        |           |                             | 60000222219368<br>-06/24/9701039015   |
| STREET ADDRESS   |  |                       |                                  |               |           | ADDRESS                     | ****165.00 ****165.00   |
| CITY-ST-ZIP      |  |                       | 00:00                            |               | 11Y-S     | T-7IP                       |   |
| TITLE            |  |                       | DELETE                           | 4.1 71        |           |                             | Change [_] Addition   |
| NAME             |  |                       |                                  | 4. 2 N        | AME       |                             |   |
| STREET ADDRESS   |  |                       |                                  | 4.3 ST        | FREET A   | ADDIRE'SS                   |   |
| CITY-ST-ZIP      |  |                       |                                  |               | 11Y-S1    | -71P                        |   |
| TITLE            |  |                       | DELETE                           | 5.1 Tr        | 1LF       |                             | ∩ \ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ Addition  |
| NAME             |  |                       |                                  | 5.2 NA        | AME       |                             | المنزا لمركب  |
| STREET ADDRESS   |  |                       |                                  | 5.3 \$1       | IREE LA   | ADORESS                     | 74 × 14 '   |
| CITY-ST-ZIP      |  |                       |                                  | 5.4 CI        | 11Y · \$1 | - 202                       | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |
| TITLE            |  |                       | DELETE                           | G.1 TI        | 1LE       |                             | Change 🗌 Addition   |
| NAME             |  |                       | •                                | 6.2 N/        | AME       |                             | 6 0   |
| STREET ADDRESS   |  |                       |                                  | 6.3 S1        | IREE1 /   | ADDRESS                     | V   |
| CITY-ST-ZIP      |  |                       |                                  |               | 11Y - S1  |                             |   |
| w.,, 1 W. B.     |  |                       |                                  |               |           |                             |   |

14. I do 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 fibe 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 improved to exempt 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 edgress.