

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # **S40167** (6)

1. Corporation Name
C & J MARKETING CONSULTANTS CORP.

Principal Place of Business
**19010 WENTWORTH DR
MIAMI FL 33015**

Mailing Address
**19010 WENTWORTH DR
MIAMI FL 33015-2824**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1991	3a. Date of Last Report 05/01/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-2363143		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**STOLAR, LEONARD U.
300 71ST ST
STE 504
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 understand with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D CHUPP, CAROL	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. STREET ADDRESS 19010 WENTWORTH DR		1.2 NAME	
3. CITY-STATE-ZIP MIAMI FL		1.3 STREET ADDRESS	
4. NAME D KAISER, JUDITH R.	☐ DELETE	1.4 CITY-STATE-ZIP	
5. STREET ADDRESS 1919 NW 14 ST		2.1 TITLE	☐ Change ☐ Addition
6. CITY-STATE-ZIP MIAMI FL		2.2 NAME	
7. NAME	☐ DELETE	2.3 STREET ADDRESS	
8. STREET ADDRESS		2.4 CITY-STATE-ZIP	
9. CITY-STATE-ZIP		3.1 TITLE	☐ Change ☐ Addition
10. NAME	☐ DELETE	3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. NAME	☐ DELETE	4.4 CITY-STATE-ZIP	
17. STREET ADDRESS		5.1 TITLE	☐ Change ☐ Addition
18. CITY-STATE-ZIP		5.2 NAME	
19. NAME	☐ DELETE	5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP		6.1 TITLE	☐ Change ☐ Addition
22. NAME	☐ DELETE	6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-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, has changed, or on an attachment with an address.

SIGNATURE: *Carol Chupp*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97 306
829-2888

CR2E034 (9/96)