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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90006 007 ***150.00

DOOLINAENT 4	
DOCUMENT #	557976
1. Corporat on Name	00,0,0

S & J FAF	RMS, INC.				
Principal Place of	of Business	Mailing Address			II BEBEL MERIK BEBEL DIGEL BEBEL 1961
8585 HOLMBERG		8585 HOLMBERG RD			
PARKLAND FL 33		PARKLAND FL 33067		DO NOT WRITE IN TH	US SPACE
				3. Date Incorporated or Qualifed	
				06/07/1991	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	App ied For
1825	SHABY LANE DI	2. 26 1825 5Ais	by LN DR	65-0281090	Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.	1	5. Certificate of Status Desired	\$8.75 Ac ditional
22		27			Fee Required
City & State	males	City & State	85 C1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 LAVE	WA/ES_Country	Zip LAKE WAT	Country	This corporation owes the current year	
Zip &	25 33853		105A	Personal Property Tax.	∰Yes []No
24	9. Name and Address of Currer	_ 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10. Name and Address of New Registere	ad Agent
			81 Name	BEATY DS	
BE:ATY			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
· ·	TROTTERS LN		182		·
PARKL	AND FL 33067		83	1	
	•		84 City		85 Zip Code
	- 1		1 1		E 2886
11. Pursuant to	the provisions of Sections 607 056	32 apo 607.1508, Florida Statutes co Florida, Such change was ∋ui	s, the above-named co thorized by the corpor	crporation submis this statement for the purpose attion's board of directors. I hereby accept the applications	or changing its registered
agent. I am	familiar with, and accept the obliga	tions of Section 607.0505, Flori	da Statutés.		
SIGNATUFE _	(1882 L)	eaf		04 -	22-99
		int and title if applicable (NOT 5. F	Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D OF TOLERO A	□ DELETE	1.1 TITLE	d	☐ Change ☐ Addition
	BEATY, D.S.		1.2 NAME	BEATTINGS.	
	10000 TROTTERS LN		1.3 STREET ADDRESS	1825 SHADY LANE D.210	٤.
	PARKLAND FL 33067		1.4 CITY-ST-ZIP	LAKE WATES FC 338	323
TITLE	I ANIND I L GOOD	☐ DELETE	2.1 TITLE	,	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRI SS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		. DAddition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE . 5.2 NAME		C) Criange C) Addition
NAME.			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
TITLE		□ pertite	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDR: SS			5.0 5.1.10.017.0001.000		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (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 read for 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 attact ment with an address, with a other like empowered.

SIGNATURE:

ICH OR DIRECTOR

04-22-99