

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S81045 (4)**
1. Corporation Name
SUJAC II, INC.



Principal Place of Business: **397 EAST ALTAMONTE DR. SUITE 1200 ALTAMONTE SPRINGS FL 32701**
Mailing Address: **397 EAST ALTAMONTE DR. SUITE 1200 ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified: **09/18/1991**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business
21 **1006 DUNHURST CT**
22 Suite, Apt. #, etc.
23 **Longwood, FL**
24 **32779**
25 **Seminole**
26 **1006 DUNHURST CT.**
27 Suite, Apt. #, etc.
28 **Longwood FL.**
29 **32779**
30 **Seminole**

4. FEI Number: **59-3085645**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GODFREY, SUSAN
397 EAST ALTAMONTE DR.
SUITE 1200
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent
81 Name: **SUSAN GODFREY**
82 Street Address (P.O. Box Number is Not Acceptable): **1006 DUNHURST CT.**
83 **LONGWOOD, FLORIDA**
84 City
85 Zip Code: **FL 32779**

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: *Susan Godfrey* DATE: **4/15/96**
* Signature, typed or printed name of registered agent also file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	GODFREY, JACK	
STREET ADDRESS	1006 DUNHURST CT	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GODFREY, SUSAN	
STREET ADDRESS	1006 DUNHURST CT	
CITY - ST - ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Susan Godfrey* DATE: **4/16/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: **407-774-6071**

CR2E034 (12/95)