

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S85554** (1)

1. Corporation Name
C & J. J. ENTERPRISES INC.

Principal Place of Business: **2809 WALDEN'S POND COVE LONGWOOD FL 32779**
Mailing Address: **2809 WALDEN'S POND COVE LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation or Qualification	3a. Date of Last Report
21		26		10/07/1991	05/01/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-2625579	Not Applicable
24. ZIP		25. ZIP		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29. City & State		30. City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		25		7. This corporation has liability for attachment for tax under Chapter 193, Florida Statutes	
29		30		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent
**SHEA, CATHERINE J.
2809 WALDEN'S POND COVE
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 am familiar with and accept the obligations of Section 607.1402, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	D	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, JOHN J.	2. NAME	
STREET ADDRESS	2809 WALDEN'S POND COVE	3. STREET ADDRESS	
CITY & STATE	LONGWOOD FL	4. CITY & STATE	
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY & STATE		8. CITY & STATE	
OFFICER		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
OFFICER		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
OFFICER		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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 in ink. I am an officer or director of the corporation or the receiver or trustee empowered to make up this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or as an attachment with an address.

SIGNATURE: *John J. Shea*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. Shea

4-1-95 (407)333-0628