

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

55 AUG -7 AM 11: 31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S94668 (8)

1. Corporation Name

S.J.B. INVESTMENTS CORP.

Principal Place of Business

23078 SANDALFOOD PLAZA DR.
BOCA RATON FL 33428
US

Mailing Address

~~2030 N. MILITARY TRAIL~~ **902 CLINTMORE**
~~SUITE TWO~~
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/15/1991	3a. Date of Last Report 02/15/1994
4. FEI Number 65-0293203	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 200 Smith St
22 City & State	27 City & State
23 Farmingdale NY	28 Farmingdale NY
24 Zip	29 Zip
25 Country	30 Country
24 11735	30 US

9. Name and Address of Current Registered Agent

TUCKER, MICHELLE
7359 BALLANTRAE CT.
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	TUCKER, MICHELLE
STREET ADDRESS	7359 BALLANTRAE CT - 245 902 CLINTMORE RD
CITY - ST - ZIP	BOCA RATON FL
TITLE	DV
NAME	FORMAN, BARBARA
STREET ADDRESS	10392 CANOE BROOK CIR
CITY - ST - ZIP	BOCA RATON FL
TITLE	Salvatore Casaccio, CEO & Dir
NAME	800 Smith St
STREET ADDRESS	Farmingdale, NY 11735
CITY - ST - ZIP	Farmingdale, NY 11735
TITLE	A Joseph Malnick, Pres & Dir
NAME	200 Smith St
STREET ADDRESS	Farmingdale, NY 11735
CITY - ST - ZIP	Farmingdale, NY 11735
TITLE	Richard Bartlett + VP & Dir
NAME	200 Smith St
STREET ADDRESS	Farmingdale, NY 11735
CITY - ST - ZIP	Farmingdale, NY 11735
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	DELETE
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	☒ Change ☐ Addition
2.1 TITLE	Delete
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE	Joseph
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Name & Title)