

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V01097** (7)

1. Corporation Name

E & J INVESTMENT & ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**637 FOSTER RD.
HALLANDALE FL 33009
US**

**1331 NW 195 ST.
MIAMI FL 33169
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**STANLEY, EDWIN
637 FOSTER RD
HALLANDALE FL**

3. Date Incorporated or Qualified

12/17/1991

3a. Date of Last Report

02/16/1995

4. FEI Number

65-0300693

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. 193.032
Florida Statutes ☐ Yes ☐ No

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 607.1505, 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 of Registered Agent or Director (Print Name)

Signature of Registered Agent or Director (Print Name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☐ DELETE
2. NAME	STANLEY, EDWIN	
3. STREET ADDRESS	1331 NW 195TH ST	
4. CITY-STATE-ZIP	MIAMI FL	
5. TITLE	D	☐ DELETE
6. NAME	STANLEY, JOYCE	
7. STREET ADDRESS	1331 NW 195TH ST	
8. CITY-STATE-ZIP	MIAMI FL	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report 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, its receiver or trustee or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on any attachment to an address.

SIGNATURE:

Edwin Stanley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96 **954 456 9008**
DATE DATE

CR2E034 (12/95)