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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V06216

(8)

P.F.J. INVESTMENTS, INC.

SIGNATURE

Principal Piace of Business Mailing Address 122 ROCK LAKE RD. 122 ROCK LAKE RD. LONGWOOD FL 32750-3928 LONGWOOD FL 32750 3a. Date of Last Report 3. Date incorporated or Qualified <u>01/14/1992</u> 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-3106327 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes 🔲 No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STANLEY, FREDERIC, JR. 111 N. ORANGE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1225** 83 ORLANDO FL 32801 City 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)Change Addition DPS DELETE 1.1 TITLE THILE JENNY, PAUL F. NAM 1.2 NAME 122 ROCK LAKE RD. STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 7IP 2. 4 CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE TITLE MAMS 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP City-St- 2P DELETE Change Addition THILE 4.1 TITLE 4. 2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-20P 4.4 CITY - ST - ZIP DELETE Change Addition THE 5.1 TITLE 5.2 NAME STREET ACIDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition 61 TITLE THUE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST. ZIP 14. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block/13 if changed, or on an attachment with an address.