SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 17 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # V56734 (9)J.J. AND B.Z. ENTERPRISES, INC. Principal Place of Business Mailing Address 2401: NORTH VOLUSIA AVE. 2491 NORTH VOLUSIA AVE. ORANGE OITY FL 32763 ORANGE CITY FL 32763 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 08/11/1992 09/03/1996 2a. Mailing Address 2. Principal Place of Business Applied For 2235 S. Woodland Blod. 470 Butord. Ave. 59-3141421 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name JONES, JANICE A % 2491 N. VOLUSIA AVENUE Street Address (P.O. Boy Number is Not Acceptable) 82 **ORANGE CITY FL 32763** 83 **B4** 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 styrigations of, Section 607,0505, Florida Statutes. SIGNATURE and title it applicable (NOTE: Registered Agent signature required when reinstating) VD DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 DELETE Change Addition 1.1 TITLE TITLE JONES, JANICE A 1.2 NAME NAME 470 BUFORD AVE STREET ADDRESS 1.3 STREET ADDRESS **ORANGE CITY FL 32763** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Acdition | TITLE 2.1 TITL€ JONES, WILLIAM M SR. NAME 2.2 NAME 470 BUFORD AVE STREET ADDRESS 2.3 STREET ADDRESS **ORANGE CITY FL 32763** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP CITY-ST-ZIP

14. I do hereby 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 sometimental appear report is frue 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 of trustee employeed 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 our an attachment with an address.

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS Addition

Change

DELETE

TITLE NAME

STREET ADDRESS CITY-ST-ZIP