FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V67713 1. Corporation Name

3J BUSINESS ENTERPRISES, INC.

Principal Place of Business Mailing Address								
830 GULF BREEZE PARKWAY 830 GULF BREEZE PARKWAY			RKWAY					
Gulf Breeze I	FL 32561	GULF BREEZE FL 3256	31				0.001.05	
						DO NOT WRITE IN THE	S SPACE	
						3. Date Incorporated or Qualifed		}
		- ,				09/30/1992		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	plied For
21 26						59-3155302		t Applicable
Suite, Apt. #, etc. Suite, Apt. #,						5: Certifcate of Status Desired	\$8.75	
22	27					Fee Re	·	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		untry		8. This corporation owes the current year in	ntangible □Yes	IXNo
24	25	29	30	, 		Personal Property Tax.		LZNO
	9. Name and Address of Currer	nt Registered Agent		81		10. Name and Address of New Registered	1 Agent	
LIN	CAROL			"	Name			1
830 GULF BREEZE PARKWAY				82	Street Addre	ss (P.O. Box Number is Not Acceptable)	· · ·	
GULF BREEZE FL 32561								
405	CHECKE TE SESSI			83				ł
				84	City		85 Zip (Code
					-	F i	<u> </u>	i
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation	of Florida, Such change w	as authorize	d by t	he corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pintment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Registered	1 Agent	signature required	when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	S	☐ DELETI	E 1.1 T	ITLE			Change	☐ Addition \
NAME	LIN, CHING K		1.2 N	1.2 NAME				ļ
STREET ADDRESS	3898 PARADISE BAY DRIVE		1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL			1.4 CITY-ST-ZIP				
TITLE	P DELETE			2.1 TITLE			Change	Addition
NAME	LIN, CAROL		2.2 N	2.2 NAME				
STREET ADDRESS	3898 PARADISE BAY DRIVE		2.3 S	TREET	ADDRESS			}
CITY-ST-ZIP	AULE PROPERTE EL			CITY-ST				
TITLE							Change	Addition
NAME			3.2 N	AME		· -	• .	-
STREET ADDRESS			3.3 S	TREET	ADDRESS			Ì
CITY-ST-ZIP	1		3.4. 0	CITY-ST	-ZIP			Ì
TITLE		☐ DELETI					Change	☐ Addition
NAME			4,21	AME				ĺ
STREET ADDRESS	•				ADDRESS			
CITY-ST-ZIP			B	ŧτγ-sτ-				}
TITLE		☐ DELETI			-		☐ Change	☐ Addition
NAME		_ =	5.2 N					
STREET ADDRESS	1		5.3 S	TREET	ADDRESS			
CITY-ST-ZIP				TY-ST	1			1
CITT-SI-ZIP	1				-			

14. I 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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90075 008 ***150.00

☐ Change

Addition