

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

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L23012 (2)**
1. Corporation Name
J.A.J. ENTERPRISES, INC.

Principal Place of Business Mailing Address
% DENNIS J. UDVARHELY
1688 CYPRESS POINTE DR.
CORAL SPRINGS FL 33071-4270

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 11753 NW 27 ST.		26 11753 NW 27 ST.		10/16/1989	03/22/1994
22 CORAL SPRINGS FL.		27		4. FEI Number	Applied For
23 33065		28 CORAL SPRINGS FL		65-0153563	Not Applicable
24		29 33065		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 BROWARD		30 BROWARD		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
26		31		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
27		32		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

UDVARHELY, DENNIS J.
1688 CYPRESS POINTE DR
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

B1 Name
 B2 Street Address (P O Box Number is Not Acceptable)
 B3
 B4 City
 B5 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: _____ (A1)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UDVARHELY, DENNIS J.	12. NAME	SAM U
STREET ADDRESS	1688 CYPRESS POINTE DR.	13. STREET ADDRESS	11753 NW 27 ST
CITY ST ZIP	CORAL SPRINGS FL	14. CITY ST ZIP	CORAL SPRINGS, FL 33065
TITLE	DVS	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UDVARHELY, KATHY L.	22. NAME	SAM U
STREET ADDRESS	1688 CYPRESS POINTE DR.	23. STREET ADDRESS	11753 NW 27 ST
CITY ST ZIP	CORAL SPRINGS FL	24. CITY ST ZIP	CORAL SPRINGS FL 33065
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY ST ZIP		34. CITY ST ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY ST ZIP		44. CITY ST ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY ST ZIP		54. CITY ST ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY ST ZIP		64. CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 correct, or on an attachment with attachments.

SIGNATURE: *Dennis J. Udvarhelyi* 5-18-95 (305) 344-3844

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)