

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K10196** (9)

1. Corporation Name  
**JESSAND CORP.**



Principal Place of Business: **104 CRANDON BLVD., SUITE 419 KEY BISCAVNE FL 33149**  
Mailing Address: **104 CRANDON BLVD., SUITE 419 KEY BISCAVNE FL 33149**

3. Date Incorporated or Qualified: **01/04/1988**  
3a. Date of Last Report: **02/02/1995**  
4. FEI Number: **65-0018273**  
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 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**SPENCER, S. A.  
251 CRANDON BLVD.  
UNIT #164  
KEY BISCAVNE FL**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

1. TITLE:  DELETE  
NAME: **DP DONAGHY, JAMES W.**  
STREET ADDRESS: **104 CRANDON BLVD STE 419**  
CITY-ST-ZIP: **KEY BISCAVNE FL**  
2. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
3. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
4. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
5. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
6. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. 1. TITLE:  Change  Addition  
2. 2. NAME:  
3. 3. STREET ADDRESS:  
4. 4. CITY-ST-ZIP:  
5. 2. 1. TITLE:  Change  Addition  
2. 2. 2. NAME: **Alan P. Raines, Esq.**  
3. 2. 3. STREET ADDRESS: **535 Fifth Avenue, 25th Floor**  
4. 2. 4. CITY-ST-ZIP: **New York, NY 10017**  
6. 3. 1. TITLE:  Change  Addition  
2. 3. 2. NAME: **AS Steven Leischer**  
3. 3. 3. STREET ADDRESS: **1979 Dogwood Drive**  
4. 3. 4. CITY-ST-ZIP: **Westfield, NJ 07090**  
7. 4. 1. TITLE:  Change  Addition  
2. 4. 2. NAME:  
3. 4. 3. STREET ADDRESS:  
4. 4. 4. CITY-ST-ZIP:  
8. 5. 1. TITLE:  Change  Addition  
2. 5. 2. NAME:  
3. 5. 3. STREET ADDRESS:  
4. 5. 4. CITY-ST-ZIP:  
9. 6. 1. TITLE:  Change  Addition  
2. 6. 2. NAME:  
3. 6. 3. STREET ADDRESS:  
4. 6. 4. 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 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 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.

SIGNATURE: *Steven Leischer* **Steven Leischer Asst Secy** 4/24/96 (305) 361-8864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)