

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L03961 (4)

1. Corporation Name JCMC CORPORATION



Principal Place of Business

3917 SO ST RD 7 DAVIE FL 33314 US

Mailing Address

4107 NW 48 STR TAMARAC FL 33319-5837 US

3. Date Incorporated or Qualified 07/21/1989

3a. Date of Last Report 04/25/1995

4. FEI Number 65-0139065

Applied For Not Applicable

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. 190.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., #, etc.

26 3917 S. ST RD 7

22 City & State

27 DAVIE FL

23 Zip

Country

28 33314

Country

24

25

29 BROWARD

30

9. Name and Address of Current Registered Agent

BRODER, STANLEY 4300 N UNIVERSITY DR SUITE E-104 LAUDERHILL FL 33351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of the person submitting this report on behalf of the corporation

Date Registered Agent Accepted (Must be on or after date of filing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PD DAVIS, DUANE 1001 SO D STR FT SMITH AR

1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP 2. TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP 3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP 4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP 5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP 6. TITLE 62 NAME 63 STREET ADDRESS 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 Section 119.07(3)(a), 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: Duane Davis DUANE DAVIS

4-26-96 305-584-1387

CR2E034 (12/95)