

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

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1997 OCT -6 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P94000093618(4)**
1. Corporation Name
J.R.D. CONSULTING, INC.

Principal Place of Business Mailing Address **SAME**
2805 E. OAKLAND PK. BLVD.
SUITE 339
FT. LAUDERDALE, FL 33306

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	12-28-1994		5-28-96
4.	FBI Number	Applied For	
	58-223-1301	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
JANICE CASHNER
314 NE 27 ST
WILTON MANORS, FL 33334

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

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 **JANICE C. CASHNER, PRESIDENT** DATE **10-2-97**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JANICE CASHNER	
STREET ADDRESS	314 NE 27 ST	
CITY-ST-ZIP	WILTON, MANORS, FL 33334	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	800002319625
13 STREET ADDRESS	-10/14/97--01012--001
14 CITY-ST-ZIP	****173.75 ****173.75
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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: **JANICE C. CASHNER** DATE: **10-2-97** DAYTIME PHONE #: **954-568-3779**

CR2E034 (9/96)

Handwritten signature and date
10/6/97

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J. R. D. CONSULTING INC.
2805 E. Oakland Park Blvd.
Suite 339
Ft. Lauderdale, FL 33306

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern;

Enclosed please find my Profit Corporation annual report and a check for \$173.75 which reflects the filing fee of \$ 165.00 and \$8.75 for Certificate of Status.

I spoke to your office last month requesting this form and explained that I never received my renewal in the mail. They looked it up and found that is was mailed to my old address of 2 years ago. I explained that I had sent in my new address(enclosed) on last years form and did not understand why it was sent to my old address. They informed me that I would not have to pay the late fee this year, but if it happened again I would be responsible for the late fee. Therefore, I am enclosing the \$ 165.00 fee.

Thank you.

Sincerely,
J. R. D. CONSULTING INC.



Janice C. Cashner