

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

Pg. 1 of 2

97 SEP -2 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P95000003050 (8)**

1. Corporation Name  
**JMC MULTI SERVICES, INC.**

Principal Place of Business  
**2895 W. SUNRISE BLVD.  
FT. LAUDERDALE FL 33311**

Mailing Address  
**2895 W. SUNRISE BLVD.  
FT. LAUDERDALE FL 33311**

|                                                                               |             |                         |             |                                                                                                                                                                 |  |                                                        |  |
|-------------------------------------------------------------------------------|-------------|-------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 2. Principal Place of Business                                                |             | 2a. Mailing Address     |             | 3. Date Incorporated or Qualified<br><b>01/09/1995</b>                                                                                                          |  | 3a. Date of Last Report<br><b>07/19/1996</b>           |  |
| 21                                                                            |             | 26                      |             | 4. FEI Number<br><b>65-0021589</b>                                                                                                                              |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22. Suite, Apt. #, etc.                                                       |             | 27. Suite, Apt. #, etc. |             | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                       |  | <b>\$8.75 Additional Fee Required</b>                  |  |
| 23. City & State                                                              |             | 28. City & State        |             | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                              |  | <b>\$5.00 May Be Added to Fees</b>                     |  |
| 24. Zip                                                                       | 25. Country | 29. Zip                 | 30. Country | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                        |  |
| 9. Name and Address of Current Registered Agent                               |             |                         |             | 10. Name and Address of New Registered Agent                                                                                                                    |  |                                                        |  |
| <b>WILLIAMS, JOHN A<br/>2895 W. SUNRISE BLVD.<br/>FT. LAUDERDALE FL 33311</b> |             |                         |             | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>PTD</b>                     | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILLIAMS, VERDIE M</b>      | 1.2 NAME                                              | <b>900002284129--1</b>                                            |
| STREET ADDRESS             | <b>2895 W. SUNRISE BLVD.</b>   | 1.3 STREET ADDRESS                                    | <b>-09/03/97--01075--002</b>                                      |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL 33311</b> | 1.4 CITY-ST-ZIP                                       | <b>****165.00 ****165.00</b>                                      |
| TITLE                      | <b>VSD</b>                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILLIAMS, JOHN A</b>        | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>2895 W. SUNRISE BLVD.</b>   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL 33311</b> | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                | 6.4 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.

CPRE034 (4/97)

*A. Alaw*  
9/2/97

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2895 West Sunrise Boulevard  
Fort Lauderdale, FL 33311  
August 7, 1997

Re: Annual Fee for Corporation  
JMC Multi Services  
P95000003050

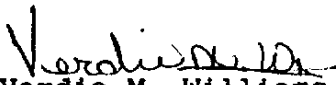
Dear Ms. Alan:

As per our conversation on last Friday, enclosed please find photocopy of letter dated 05/14/97, copy of original check mailed, and signed copy of Profit Corporation Annual Report. Also, I have enclosed, check no. 4624 in the amount of \$165, which represents the fee charged by the State of Florida.

As a reminder, this case involves the situation wherein there are two (2) corporations showing the beginning letters of JMC and inadvertently, the check (information enclosed) for the "for profit corporation" was returned.

Any questions, please call me at (954)791-1701.

Thank you,

  
Verdie M. Williams

vmw

encl.