

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

FILED

**Apr 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000086643 (9)
 1. Corporation Name
JDM SALES, INC.



Principal Place of Business 3015 RED OAK COURT SUITE 204 PALM HARBOR FL 34684	Mailing Address 3015 RED OAK COURT SUITE 204 PALM HARBOR FL 34684
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2923 CYPRESS RIDGE DR. Suite, Apt. #, etc.	2a. Mailing Address 26 2923 CYPRESS RIDGE DR. Suite, Apt. #, etc.
22 City & State 23 PALM HARBOR, FL	27 City & State 28 PALM HARBOR, FL
24 34684-4911 25 USA	29 34684-4911 30 USA

3. Date Incorporated or Qualified 10/21/1996		
4. FEI Number 59-3409128	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MARTI, DAVID W
3015 RED OAK COURT
SUITE 204
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name MARTI, DAVID W		
82 Street Address (P.O. Box Number is Not Acceptable) 2923 CYPRESS RIDGE DR.		
83		
84 City PALM HARBOR	85 State FL	86 Zip Code 34684-4911

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PT	<input type="checkbox"/> DELETE
NAME MARTI, DAVID W	
STREET ADDRESS 3015 RED OAK CT. SUITE 204	
CITY-ST-ZIP PALM HARBOR FL 34684	
TITLE SV	<input type="checkbox"/> DELETE
NAME MARTI, JUDITH P	
STREET ADDRESS 3015 RED OAK CT. SUITE 204	
CITY-ST-ZIP PALM HARBOR FL 34684	
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

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS 2923 CYPRESS RIDGE DR.
1.4 CITY-ST-ZIP PALM HARBOR, FL 34684-4911
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS 2923 CYPRESS RIDGE DR.
2.4 CITY-ST-ZIP PALM HARBOR, FL 34684-4911
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 **David W. Marti** **H/LC/ao** **812-780-2591**

CR2E034 (10/97)