

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V56262 (1)**

1. Corporation Name  
**JADE E DESIGNS, INC.**



Principal Place of Business: **756 BEACHLAND BLVD. VERO BEACH FL 32963**  
Mailing Address: **756 BEACHLAND BLVD. VERO BEACH FL 32963**

3. Date Incorporated or Quoted: **08/04/1992**  
3a. Date of Last Report: **03/28/1995**  
4. FEI Number: **59-3138953**  
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  
21, 22, 23, 24: Title, Name, Street Address, City-St-Zip, Zip, Country  
26, 27, 28, 29, 30: Title, Name, Street Address, City-St-Zip, Zip, Country

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

**COLLINS, GEORGE G.  
756 BEACHLAND BLVD.  
INDIAN RIVER FL 32964**

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

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 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Signature by officer or director of registered agent (Not Applicable)

Signature by principal agent (Registered Agent)

DATE

**12. OFFICERS AND DIRECTORS**

1. TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
2. NAME	<b>MAZARIN, SANFORD</b>	
3. STREET ADDRESS	<b>136 ANCHOR DR.</b>	
4. CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		

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

17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		
27. STREET ADDRESS		
28. CITY-ST-ZIP		
29. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME		
31. STREET ADDRESS		
32. CITY-ST-ZIP		
33. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME		
35. STREET ADDRESS		
36. CITY-ST-ZIP		
37. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME		
39. STREET ADDRESS		
40. 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, 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: *Sanford Mazarin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SANFORD MAZARIN**

3/13/98  
407234531

CR2E034 (12/95)