FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # V62307 (6)

1. Corporation Name
JAMES INDUSTRIES SOUTH, INC.

Principal Place of Business
1673 NW 79TH AVE.
MIAMI FL 33126
US

Mailing Address
C/O JAMES INDUESTRIES, INC.
1619 COLONIAL PKWY
INVERNESS IL 60067
US

3. Date Incorporated or Qualified: 09/08/1992
3a. Date of Last Report: 03/21/1995
4. FEI Number: 65-0420615 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21: 1500 NW 79TH AVE.
22: Suite, Apt. #, etc.:
23: City & State: MIAMI FL
24: Zip: 33126
25: Country: US

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ________ DATE ________
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ROBERT, JAMES JR		1.2 NAME	ROBERTS, JAMES JR
STREET ADDRESS	7956 FISHER ISL DR.		1.3 STREET ADDRESS	1670 PHEASANT TRAIL
CITY-ST-ZIP	FISHER ISL FL		1.4 CITY-ST-ZIP	INVERNESS, IL 60067
TITLE	PD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ANDREU, ALDO		2.2 NAME	
STREET ADDRESS	3901 S. OCEAN DR. 3W		2.3 STREET ADDRESS	2 GROVE ISLE DRIVE, APT 402
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BLOUIN, JOHN		3.2 NAME	
STREET ADDRESS	56 CARRIAGE HOUSE LN		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLAND PK IL		3.4 CITY-ST-ZIP	ORLAND PARK, IL 60462
TITLE	S	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	STASHWICK, JACQUELINE		4.2 NAME	
STREET ADDRESS	8154 BROCKTON CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP	HANOVER PK IL		4.4 CITY-ST-ZIP	HANOVER PARK, IL 60103
TITLE		☐ DELETE	5.1 TITLE	T ☐ Change ☒ Addition
NAME			5.2 NAME	DONALD D. OLSON
STREET ADDRESS			5.3 STREET ADDRESS	308 S ROSE
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PARK RIDGE, IL 60068
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 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: [signature] JOHN R. BLOUIN 4/9/96 (847) 358-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)