

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 # 328163 (1)

1. Corporation Name

JAMES T. CORP.



Principal Place of Business

8737 SOUTHWEST 132 STREET  
MIAMI FL 33176

Mailing Address

8737 SOUTHWEST 132 STREET  
MIAMI FL 33176

3. Date Incorporated or Qualified

03/27/1968

3a. Date of Last Report

01/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1216310

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, JAMES P.  
8737 SW 132 STREET  
MIAMI FL

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

James P. Thomas

James P. Thomas

1-26-96

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME HIRSCHON, JOE  
STREET ADDRESS CITY NATL BANK BLDG  
CITY-STATE-ZIP MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
PRESIDENT  
James P. Thomas  
11570 S.W. 95 AVE.  
MIAMI, FL 33176  
☐ Change ☒ Addition

TITLE D ☒ DELETE  
NAME HIRSCHORN, JOE  
STREET ADDRESS CITY NAT'L BNK BLDG.  
CITY-STATE-ZIP MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE ST ☒ DELETE  
NAME THOMAS, DEREDA  
STREET ADDRESS 11570 SW 95 AVE  
CITY-STATE-ZIP MIAMI, FL 00000

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE STD ☐ DELETE  
NAME THOMAS, DEREDA  
STREET ADDRESS 11570 SW 95 AV  
CITY-STATE-ZIP MIAMI FL 33176

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

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:

James P. Thomas

James P. Thomas

1-26-96

305-238-1598

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)