

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

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Feb 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 331848 (2)  
1. Corporation Name  
J. D. M. CORP.

Principal Place of Business Mailing Address  
MODERN DISPLAY MODERN DISPLAY  
15337 WEST DIXIE HIGHWAY 15337 WEST DIXIE HIGHWAY  
NO. MIAMI BEACH FL 33162 NO. MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1968	
21		26		4. FEI Number 59-1215798	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent MILGROM, DAVID 801 THREE ISLAND BLVD., APT 320 HALLANDALE FL				10. Name and Address of New Registered Agent	
				81	Name Abraham Bochman
				82	Street Address (P.O. Box Number is Not Acceptable) 2531 N.E. 199th Street
				83	Aventura, Fla.
				84	City Aventura, Fla.
				85	Zip Code 33180

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 607.0508, Florida Statutes.

\* SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MILGROM, DAVID	1.2 NAME	
STREET ADDRESS	801 3 ISLAND BLVD., #320	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	BOCHMAN, ABRAHAM	2.2 NAME	
STREET ADDRESS	2531 NE 199TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	SACK, LEE	3.2 NAME	
STREET ADDRESS	4208 STRATHDALE W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD MI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-98 305 947-5876  
Date Daytime Phone # 0226677

CR2E034 (10/97)