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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **476038**

(5)

1. Corporation Name

JAYSHAWN, INC.



Principal Place of Business

**1120 STILLWATER DR.
MIAMI BCH. FL 33141**

Mailing Address

**1120 STILLWATER DR.
MIAMI BCH. FL 33141**

3. Date Incorporated or Qualified

05/07/1975

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REITER, ESTELLE
1120 STILLWATER DR
MIAMI BCH FL 33141**

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

(Signature of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME **PD REITER, ESTELLE**

STREET ADDRESS **1120 STILLWATER DR**

CITY-STATE-ZIP **MIAMI BCH FL 33140**

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Estelle Reiter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

305-152-5818

DATE

Daytime Phone #

CR2E034 (12/95)