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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name 591259

(7)

JAY-DEE CORPORATION OF MIAMI Principal Place of Business Mailing Address					
				10/26/1978	04/27/1995
2. Principal Pla 21		2a. Mailing Address 26		4. FEI Namber 59-1856267	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29]	Gountry 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New F	
1635 W.	AUM, JACOB DIXIE HIGHWAY MIAMI BEACH FL 33160		63	ess (P.O. Box Number is Not Acceptat	· · · · · · · · · · · · · · · · · · ·
				ation submits this statement for the pur	FL 85 Zip Code
SIGNATURE S 12. TITLE NAME	Igrature, typed or printed name of registured eject of OFFICERS AND VD APPLEBAUM, JACOB		13. 1.1 TILLE 12 NAME	TW ¹ do 1500 150 150 150 150 150 150 150 150 15	DATE CERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS CITY-ST-ZIP	16345 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL	•	1.3 STREET ADDRESS 1.4 CITY - ST- ZIP		
THEF NAME STREET ADDRESS CHY-ST-ZiP	P APPLEBAUM, DOROTHY 16345 W. DIXIE HIGHWAY NORTH MIAMI BEACH FL	☐ DELETE	2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ DELETE	3 1 TITLE 3 2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-7P		Change Addition
THEF NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5 1 TITLE 52 NAME 5.3 STAFEL ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	6 1 TITLE 62 NAME 63 STAGET ADDRESS 64 CITY-ST-2IP		Change Addition
14. I do hereby certify that to oath; that I	ne il ilon nauon indicated on tris annua	ii report or supplemental annu ation or the receiver or trustee	shed and does not qualify to all report is true and accurat empowered to execute this	or the exemption stated in Section 119. e and that my signature shall have the creport as required by Chapter 607, Flo	pagne local offect on it made under

SACOB APPLEBAUM 3/21/96 (305)945-6098 SIGNATURE: