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1996 JUN -4 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• PROFIT •
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 650223 (1)

1. Corporation Name

J.D.M. DISTRIBUTORS, INC.

Principal Place of Business

17NE 5TH ST
POMPANO. BCH. FL 33060

Mailing Address

17NE 5TH ST
POMPANO. BCH. FL 33060

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SIMMONS, MARK
C/O J.D.M. DISTRIBUTORS, INC.
17 N.E. 5TH STREET
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified

01/04/1980

3a. Date of Last Report

08/04/1995

4. FEI Number

59-1956118

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

10. Name and Address of New Registered Agent

81. Name

CORPORATION SERVICE COMPANY

82. Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

83.

84. City

TALLAHASSEE

FL

85. Zip Code

32301

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.

Corporation Service Company

SIGNATURE

Laura R. Dunlap

Laura R. Dunlap, as agent

June 4, 1996

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

DELETE

NAME

SIMMONS, MARK

STREET ADDRESS

1470 SUSSEX DRIVE

CITY-ST-ZIP

N. LAUDERDALE FL

TITLE

VSD

DELETE

NAME

CLARK, JAMES D.

STREET ADDRESS

600 S.E. 5TH TERRACE

CITY-ST-ZIP

POMPANO BEACH FL

TITLE

VSD

DELETE

NAME

CLARK, JAMES, C

STREET ADDRESS

341 SE 5TH TERR

CITY-ST-ZIP

POMPANO BEACH FL

TITLE

AVD

DELETE

NAME

CLARK, LISA

STREET ADDRESS

341 SOUTHWEST 6TH TERRACE

CITY-ST-ZIP

POMPANO BEACH FL

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

CLARK, JAMES D.

17 N.E. 5th Street

Pompano Beach, FL 33060

VSD

CLARK, JAMES C.

17 N.E. 5th Street

Pompano Beach, FL 33060

AVD

CLARK, LISA

17 N.E. 5th Street

Pompano Beach, FL 33060

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:

Lisa Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-96

Date

(305) 781-0802

Daytime Phone

CR2E034 (12/95)