

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 24

DOCUMENT # **840738** (9)
1. Corporation Name
LORD JIM, INC.

Principal Place of Business Mailing Address
P.O. BOX 8907 FT. LAUDERDALE FL 33310 **P.O. BOX 8907 FT. LAUDERDALE FL 33310**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/30/1978** 3a. Date of Last Report **01/25/1994**

4. FEI Number **71-0426316** 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. 193.03, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **515 E LAS OLAS BLVD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 *** 930** 27
City & State City & State
23 **FT LAUDERDALE, FL** 28
Zip Country Zip Country
24 **33301** 25 29 30

9. Name and Address of Current Registered Agent
KLJSTON, TODD W
8211 W. BROWARD BLVD.
SUITE 200
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address P.O. Box Number is Not Acceptable
83 **SUITE 375**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 typed or printed name of registered agent and title if a new officer or director. (See instructions on back of form.)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GRIFFIN, C. RAY
STREET ADDRESS	3015 N. OCEAN BLVD., #109
CITY, ST, ZIP	FT. LAUDERDALE FL 33308
TITLE	P
NAME	GRIFFIN, JIMMY D
STREET ADDRESS	2801 N.E. 37TH CT.
CITY, ST, ZIP	FT. LAUDERDALE FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	515 E. LAS OLAS BLVD # 930
14 CITY, ST, ZIP	FT LAUDERDALE, FL 33301
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	515 E. LAS OLAS BLVD #930
24 CITY, ST, ZIP	FT LAUDERDALE, FL 33301
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, 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(1)(b), 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 of this report with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95 305 522-5555