

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F27310

(4)

1. Corporation Name
JAY MARC, INC.

95 FEB -8 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001402536
-02/03/95--01133--005
****400.00 ****200.00

Principal Place of Business

2017 DOVER COURT
OLDSMAR FL 34677

Mailing Address

2017 DOVER COURT
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/24/1981

3a. Date of Last Report
06/28/1994

4. FEI Number
59-3200572

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

2. Principal Place of Business

21 892 Cypress Trails Dr

2a. Mailing Address

26 (Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tarpon Springs, FL

City & State

28

Zip

24 34689

Country

25 Pinellas

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HURWITZ, STUART
2017 DOVER COURT
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME HURWITZ, JAY
STREET ADDRESS 2020 SHEFFIELD CT.
CITY-ST-ZIP OLDSMAR FL

TITLE VSD
NAME HURWITZ, STUART
STREET ADDRESS 2017 DOVER COURT
CITY-ST-ZIP OLDSMAR, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 IN 12

1.1 TITLE PTD ☐ Change ☐ Addition
1.2 NAME HURWITZ, JAY
1.3 STREET ADDRESS 892 Cypress Trails Drive
1.4 CITY-ST-ZIP Tarpon Springs, FL 34689

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 checked, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY HURWITZ, President

2-1-95

(813) 855-4205