FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000005629 (0)**

1. Corporation Name

JAYEMBEE MARKETING, INC.

Principal Place of Business	Mailing Address
6517 RIDGE CIRCLE CINCINNATI OH 45213	6517 RIDGE CIRCLE CINCINNATI OH 45213

3. Date Incorporated or Qualified: **10/31/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **31-1178084** ☐ 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	2a. Mailing Address
21 1900 S. OCEAN DR	26 1900 S. OCEAN DR
22 Suite, Apt. #, etc. 709	27 Suite, Apt. #, etc. 709
23 City & State FT LAUDERDALE FL	28 City & State FT LAUDERDALE FL
24 Zip 33316 25 County BROWARD	29 Zip 33316 30 Country BROWARD

9. Name and Address of Current Registered Agent

LEWE, JOHN G
1900 S. OCEAN DRIVE #709
FT. LAUDERDALE FL 33316

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 617.1502, 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 John G Lewe Mary G Lewe DATE 3-29-96

12. OFFICER(S) AND DIRECTOR(S)			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	LEWE, JOHN G		1 NAME	
STREET ADDRESS	6517 RIDGE CIRCLE		1 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATTI OH 45213		1 CITY-ST-ZIP	
TITLE	VDV	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	LEWE, MARY G		2 NAME	
STREET ADDRESS	6517 RIDGE CIRCLE		2 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATTI OH 45213		2 CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete, and accurate. I further certify that the information indicated on this 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 added to the report.

SIGNATURE: John G Lewe Mary G Lewe 3/29/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

FILING FEE: $150.00