

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000006704 (8)
1. Corporation Name
JAMAICA NATIONAL BUILDING SOCIETY CORPORATION



Principal Place of Business
111 NW 183RD ST. SUITE 108
NORTH MIAMI FL 33169

Mailing Address
111 NW 183RD ST. SUITE 108
NORTH MIAMI FL 33169-4520

2. Principal Place of Business
21 3895 NW 24th Street
Suite, Apt. #, etc.
22 Lauderdale Lakes
City & State
23 Fort Lauderdale
Zip
24 33313
Country
25 USA

2a. Mailing Address
26 111 NW 183rd Street
Suite, Apt. #, etc.
27 North Miami Suite 108
City & State
28 Florida
Zip
29 33169-4520
Country
30 USA

3. Date Incorporated or Qualified
12/20/1996

3a. Date of Last Report

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

SHARPE, NEVILLE
7777-A DAVE RD
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name
N/A

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 N/A
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	No changes or additions <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, OLIVER F	1.2 NAME	Number remain as originally stated
STREET ADDRESS	7 NORTH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON, JAMAICA	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, KEITH S	2.2 NAME	
STREET ADDRESS	HARBOUR HEAD RD, PORT MORANT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. THOMAS, JAMAICA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HENRY A.A.P.	3.2 NAME	
STREET ADDRESS	6 CORNER LANE, MONTEGO BAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. JAMES, JAMAICA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, H. ANTHONY	4.2 NAME	
STREET ADDRESS	PARADISE PARK	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNA-LA-MAR, JAMAICA	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, LANCELOT F	5.2 NAME	
STREET ADDRESS	2-4 CONSTANT SPRING RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 10 JAMAICA	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CLARENCE T	6.2 NAME	
STREET ADDRESS	2-4 CONSTANT SPRING RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 10 JAMAICA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE: Lancelot F. Reynolds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3 97

Daytime Phone # 809-976-8087

CR2E034 (9/96)