

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

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006704 (8)**
1. Corporation Name
JAMAICA NATIONAL BUILDING SOCIETY CORPORATION

Principal Place of Business

3895 NW 24TH ST
LAUDERDALE LAKES
FT LAUDERDALE FL 33313
US

Mailing Address

111 NW 183RD ST, SUITE 108
NORTH MIAMI FL 33169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 3895 NW 24th Street		12/20/1996	
22 City & State		27 Lauderdale Lakes		4. FEI Number	
23 Zip		28 Fort Lauderdale FL 33313		NOT APPLICABLE	
24 Country		29 USA		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHARPE, NEVILLE
7777-A DAVIE 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent 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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, OLIVER F	1.2 NAME	Clarke, Oliver F
STREET ADDRESS	7 NORTH ST	1.3 STREET ADDRESS	7 North Street
CITY-ST-ZIP	KINGSTON, JAMAICA	1.4 CITY-ST-ZIP	Kingston, Jamaica
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, KEITH S	2.2 NAME	Francis, Keith S
STREET ADDRESS	HARBOUR HEAD RD, PORT MORANT	2.3 STREET ADDRESS	Harbour Head Road, Port Morant
CITY-ST-ZIP	ST. THOMAS, JAMAICA	2.4 CITY-ST-ZIP	St. Thomas, Jamaica
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 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 if changed, or on an attachment with an address.

SIGNATURE:

REYNOLDS

Lancelot F. Reynolds

January 21, 1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)