

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

**APPROVED
AND
FILED**

55 MAY -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G76532 (2)

1. Corporation Name

JAYNE DUNCAN FIRMAN REAL ESTATE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**% JAYNE DUNCAN FIRMAN
329 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

3. Date Incorporated or Qualified **12/28/1983** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **59-2455011** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

City & State City & State
23 **28**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FIRMAN, JAYNE DUNCAN
331 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

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 his or her address)

(Date) (Registered Agent signature required after recording)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD**
NAME **FIRMAN, JAYNE D**
STREET ADDRESS **329 RYL POINCIANA PLZA**
CITY, ST, ZIP **PALM BCH FL**

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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. I am an officer, director of the corporation 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: *Jayne D. Firman*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/16/95 407-659-0401