

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State
Division of Corporations

APPROVED
AND
FILED

DOCUMENT # **G95670**

MAY - 1 AM 9:20

JFC UNLIMITED CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
401 N.W. 6TH STREET
FT. LAUDERDALE FL 33311-7345

Meeting Address
401 N.W. 6TH STREET
FT. LAUDERDALE FL 33311-7345

(DO NOT WRITE IN THESE SPACES)

3. Date of Report Due (Month/Day/Year)	3a. Date of Last Report
04/11/1984	04/29/1994
4. FIC Number	Applied For Not Applicable
59-2635732	
5. Certificate of Status (Current)	\$8.75 Additional Fee Required
6. Election Campaign Financing Total Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for corporate tax under Florida Statutes.	☐ Yes ☒ No

2. Principal Place of Registration	2a. Meeting Address
21. State of Registration	26. Meeting Address
22. City or County	27. City or County
23. State of Origin	28. State of Origin
24. State of Origin	29. State of Origin
25. State of Origin	30. State of Origin

9. Name and Address of Current Registered Agent

GAMBA, JOHN C.
2504 N.W. 98TH LANE
CORAL SPRINGS FL

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number or Post Office Box)

83. City

84. State

85. Zip Code

11. Notice: For the purposes of paragraph (b)(1) and (b)(2) of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the jurisdiction of the State of Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS
NAME	NAME
PD GAMBA, JOHN 2504 N.W. 98TH LANE CORAL SPRINGS FL	1. NAME
D GAMBA, HELEN 2504 N.W. 98TH LANE CORAL SPRINGS FL	2. NAME
	3. NAME
	4. NAME
	5. NAME
	6. NAME
	7. NAME
	8. NAME
	9. NAME
	10. NAME
	11. NAME
	12. NAME
	13. NAME
	14. NAME
	15. NAME
	16. NAME
	17. NAME
	18. NAME
	19. NAME
	20. NAME

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and true and valid, for the corporation's filing in accordance with the Florida Statutes. I further certify that this information is included in the annual report or supplemental annual report, true and accurate, and that my signature is on the same. I understand that if I am guilty of a crime, I am liable for the corporation's filing in accordance with the Florida Statutes. I am familiar with and accept the jurisdiction of the State of Florida Statutes.

SIGNATURE: *John C. Gamba* 3/29/95 305-563-5445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR