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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H55789

(2)

JMD DEVELOPMENT, INC.

FILED									
Apr 23 1997 8:00am									
Secretary of State									

316 N. BERMU UNIT 5 KISSIMMEE FL		Mailing Address 316 N. BERMUDA UNIT 5 KISSIMMEE FL 34741-4981 US							
US					3. Date Incorporated or Qualified 05/07/1985	Date of Last F /13/1996	e of Last Report 3/1996		
F-7	lace of Business	2a. Mailing Address			4. FEI Number			pplied For	
21 Cuito Aut	H	26			59-2550766			lot Applicable	
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fei				
Zip 24	Country 25		30 Cou	ntry			Yes	☐ No	s. 199.032,
	9. Name and Address of Current	Registered Agent			I	10. Name and Address of New Re	gistered	Agent	
	AILTON, DAVID H.			81	Name				
SUF	NORTH BERMUDA AVE. TE 5				Street Add	ress (P.O. Box Number is Not Acceptab	ile)		
KISSIMMEE FL 34741				83					
					City		FL	85 Zip	Code
SIGNATURE	Signature, typied or printed name of registered ager	it and title if applicable (NOTE	Registered			poration submits this statement for the p tion's board of directors. I hereby accep red when rehalating)	DATÉ		·····
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
TITLE	PTD Hamilton, David H.	☐ DELETE 1.						Change	Addition
NAME	316 N. BERMUDA		1.2 N/						
STREET ADDRESS	KISSIMMEE FL 34241				ADDRESS				
CHTY-ST-ZIP TITLE	MOOIMINEE I E 04241	DELETE	1.4 Cf		T - ZIP			Change	Addition
NAME			2.2 N/					C3 Amilia	L Addition
STREET ADDRESS					AODRESS				
CITY-ST-ZIP					ST - ZIP				
TITLE		DELETE	3.1 11					Change	Addition
NAME			3.2 NA	ME				_	
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CHY-ST-ZIP			3.4. C	ITY-S	SF-ZNP				_
TITLE		DELETE	4.1 10	ILE				Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CHTY-ST-ZIP			4.4 CI		T-ZIP				
THUE		☐ DELETE	5.1 10					Change	Addition
NAME			5.2 NA						
STREET ADDRESS			5.3 ST	AEET	ADDRESS				
CITY C1 710	İ		E * * **		I				

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 changed, or 4n an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

TILLE

NAME

STREET ADDRESS

CITY-ST-70P

4/18/97 407-931-3277

Change

Addition