

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J28647** (2)

1. Corporation Name
JMR ENTERPRISES, INC.

Principal Place of Business: **1505 S.W. 20TH ST. % PAUL R. GOLIS FT. LAUDERDALE FL 33315 US**
Mailing Address: **1505 S.W. 20TH ST. % PAUL R. GOLIS FT. LAUDERDALE FL 33315 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address:
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date incorporated or Qualified: **08/14/1986**
3a. Date of Last Report: **08/10/1994**
4. FEI Number: **59-2730270** 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. 193.034 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHARFI, SYED H.
1148 CARAMBOLA CIR
W. PALM BEACH FL 33406**

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 607.1318, 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 _____ DATE _____
OFFICERS AND DIRECTORS _____ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 _____

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	RAHMAN, MOHAMMAD SIDDIQU
STREET ADDRESS	406 S. POWERLINE DRIVE
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	MAHMUD, SHAHEEN
STREET ADDRESS	8107 NW 70TH AVE.
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

600001841896 Change Addition
-05/29/96--01019--017
***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 or person 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: *S. Mahmud* **SHAHEEN MAHMUD** 5/20/96 (205) 523-8633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 5-28-96