

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J39205** (6)

1. Corporation Name  
**JACLIMAL, INC.**



Principal Place of Business

% PHILIP L. BRAWNER  
 2950 SW 27TH AVE. #210  
 MIAMI FL 33133-3775

Mailing Address

% PHILIP L. BRAWNER  
 2950 SW 27TH AVE. #210  
 MIAMI FL 33133-3775

2. Principal Place of Business

2a. Mailing Address **BAY**

21 | C/O JAMES L. DAVIS  
 22 | 4355 SABAL PALM ROAD  
 BAY POINT  
 City & State

26 | 4355 SABAL PALM ROAD, POINT  
 Suite, Apt. #, etc.  
 27 |  
 City & State

23 | MIAMI, FLORIDA

28 | MIAMI, FLORIDA

24 | 33137  
 25 | DADE

29 | 33137  
 30 | DADE

9. Name and Address of Current Registered Agent

BRAWNER, PHILIP L.  
 2950 SW 27TH AVE  
 210 GROVE PROFESSIONAL BLDG  
 MIAMI FL 33133

3. Date Incorporated or Qualified  
**10/20/1986**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2758092**

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. 193.032,  
 Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

81 Name  
**JAMES L. DAVIS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4355 SABAL PALM ROAD, BAY POINT**  
 83  
 84 City  
**MIAMI**  
**FL** 85 Zip Code  
**33137**

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *James L. Davis*  
 Signature of the registered agent or officer or director, if applicable.

1201 Registered Agent Signature and Title (2/2/94)

DATE

*3-15-96*

12. OFFICERS AND DIRECTORS

- 1. NAME: **DP**  DELETE
- 2. NAME: **DAVIS, JAMES L.**
- 3. STREET ADDRESS: **4355 SABAL PALM RD**
- 4. CITY-STATE-ZIP: **MIAMI FL**
- 5. TITLE:  DELETE
- 6. NAME:  DELETE
- 7. STREET ADDRESS:  DELETE
- 8. CITY-STATE-ZIP:  DELETE
- 9. TITLE:  DELETE
- 10. NAME:  DELETE
- 11. STREET ADDRESS:  DELETE
- 12. CITY-STATE-ZIP:  DELETE
- 13. TITLE:  DELETE
- 14. NAME:  DELETE
- 15. STREET ADDRESS:  DELETE
- 16. CITY-STATE-ZIP:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

- 1. 1. TITLE:  Change  Addition
- 2. 12. NAME:  Change  Addition
- 3. 13. STREET ADDRESS:  Change  Addition
- 4. 14. CITY-STATE-ZIP: **33137**
- 5. 2. 1. TITLE:  Change  Addition
- 6. 2. 2. NAME:  Change  Addition
- 7. 2. 3. STREET ADDRESS:  Change  Addition
- 8. 2. 4. CITY-STATE-ZIP:  Change  Addition
- 9. 3. 1. TITLE:  Change  Addition
- 10. 3. 2. NAME:  Change  Addition
- 11. 3. 3. STREET ADDRESS:  Change  Addition
- 12. 3. 4. CITY-STATE-ZIP:  Change  Addition
- 13. 4. 1. TITLE:  Change  Addition
- 14. 4. 2. NAME:  Change  Addition
- 15. 4. 3. STREET ADDRESS:  Change  Addition
- 16. 4. 4. CITY-STATE-ZIP:  Change  Addition
- 17. 5. 1. TITLE:  Change  Addition
- 18. 5. 2. NAME:  Change  Addition
- 19. 5. 3. STREET ADDRESS:  Change  Addition
- 20. 5. 4. CITY-STATE-ZIP:  Change  Addition
- 21. 6. 1. TITLE:  Change  Addition
- 22. 6. 2. NAME:  Change  Addition
- 23. 6. 3. STREET ADDRESS:  Change  Addition
- 24. 6. 4. CITY-STATE-ZIP:  Change  Addition

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)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *James L. Davis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-15-96* 305 576-4396  
 DATE PHONE

CR2E034 (12/95)