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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

NT # 184534

(3)

1. Corporation Name JAYSAR PRODUCTS, INC.							
					I ARRING PIR: IRNII RIRRE PAIRE INI	ı albı dığ ıı alb il 2191	I BIBIL BIBII BIBII IBBI
Principal Place of	of Business	Mailing Address	iling Address		i indiiin dibi interation erre		1 8/6/1 5/6/1 6/5// 100/
13350 S.W. 128 ST. 13350 S.W. 128 ST. MIAMI FL 33186 MIAMI FL 33186							
MINMI IC OUT	••				3. Date Incorporated or Qualified	3a. Date of La	
					07/28/1987	02/23	3/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For Not Applicable
21		26		59-2828696	\$1	8.75 Additional	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7 1	Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,			
Zip	Country	Zφ	Country			intangible tax und s □No	ders 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent		[30]		10. Name and Address of New		nt
	9. Maine and Address of Con-	ent neglatered regent	81	Name			
STEWART, DONNARAE 13350 SW 128 ST. MIAMI FL 33186				Street Add	iress (P.O. Box Number is Not Acceptable)		
				- Gireot ridd			
			84	City		FL 8	Zip Code
11 Dureuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-r	named corpo	ration submits this statement for the pure of directors. Thereby accept the app	urpose of changin	g its registered office
	ed agent, or both, in the State of Fi h, and accept the obligations of, So			oration's boa	ration submits this statement for the point of directors. I hereby accept the app	pointment as regi	stered agent. ram
SIGNATURE .	n, and booopt the obligations of a						
SIGNATURE	Signature, typed or printed name of registered as	jor 10 to 10	TE Registered Ager	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OF	EICERS AND DIR	ECTORS IN 12
12.		OFFICERS AND DIRECTORS 1 DELETE 1			ADDITIONS/OTTAINED TO S.	□ CI	
TITLE NAME	PTD COOKE, RICHARD A		1.2 NAME				
STREET ADDRESS	1801 N.E. 140 ST.			ADDRESS			
CITY - ST - ZIP	MIAMI FL		1.4 CITY-	ST-ZIP			
TITLE	VSD	DELETE	2. 1 TITLE			c	hange
NAME	COOKE, BEVERLYN						
STREET ADDRESS	1801 N.E. 140 ST.			T ADDRESS			l
CITY-ST-ZIP	MIAMI FL	DELETE	24 CITY - 3 3 1 TITLE	31 - ZIF		C	hange Addition
TITLE NAME		<u> </u>	3 2 NAME		•		
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-7IP			3.4 CHTY-				hange Addition
TITLE		DELETE	4, 1 TITLE	1		_ \ \	usuite [1 vonition]
NAME			4.2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS			4.3 STREE				
CITY+ST-7iP TITLE		DELETE	5. 1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-SI-ZIP				ST-ZIP			Shanes
TITLE	☐ DEFELE E		6. 1 TITLE			Ц	Change Addition
NAME			6.2 NAME	ì			
STREET ADDRESS			6.3 STREE	T ADDRESS			

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 eath; that I am an officer or director of the comparation 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 if charged or open attrachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD COOKE

4/15/96 (305)

5) 949-0992

CR2F034 (12/95)