

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

CORPORATION*
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 22 AM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K11751 (0)

1. Corporation Name

J.D.M. ENTERPRISES, INC.

James D. Marinelli

2435 24th Way

West Palm Beach, FL 33407-6722

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1988

3a. Date of Last Report

05/23/1994

2. Principal Place of Business

21

2a. Mailing Address

26

2435 24th Way

4. FEI Number

65-0022582

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

West Palm Beach FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

33407

PALMBEACH

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARINELLI, JOHN P.

2161 PALM BEACH LKS BLVD., STE. 204

WEST PALM BEACH FL 33409

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 607.1508, 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 607.0502, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent when filing

Signature typed in printed name of registered agent when filing

(94)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	MARINELLI, JAMES D.
STREET ADDRESS	6285 SUMMER SKY LANE
CITY, ST, ZIP	LAKE WORTH FL
TITLE	D
NAME	MARINELLI, JAMES D.
STREET ADDRESS	6285 SUMMER SKY LANE
CITY, ST, ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	600001522156
3. STREET ADDRESS	-06/23/95--01075--014
4. CITY, ST, ZIP	****225.00 ****225.00
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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 199.032(6), 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 liquidator appointed to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

JAMES D. MARINELLI

5-20-95

(407)478-8689