

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 19 1996 8:00 am  
Secretary of State

DOCUMENT # **K85353** (6)

1. Corporation Name

**JAYMARK EXPRESS, INC.**



Principal Place of Business

Mailing Address

**C/O JAY M. FLEMING  
7071 W COMMERCIAL BLVD SUITE 2E  
TAMARAC FL 33319  
US**

**C/O JAY M. FLEMING  
7071 W COMMERCIAL BLVD SUITE 2E  
TAMARAC FL 33319  
US**

3. Date Incorporated or Qualified

**04/26/1989**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1401 SW 8TH STREET**

26 **1401 SW 8TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

**Pompano Bch, FLA.**

**Pompano Bch, FLA.**

Zip

Country

Zip

Country

24 **33069**

25 **USA**

29 **33069**

30 **USA**

4. FEI Number

**65-0117666**

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 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLEMING, JAY M.  
8157 N.W. 67TH AVENUE  
TAMARAC FL 33321**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **FLEMING, JAY M.**  
STREET ADDRESS **8157 N.W. 67TH AVE.**  
CITY - ST - ZIP **TAMARAC FL**

TITLE **D** ☐ DELETE  
NAME **EVANSEN, MARK J.**  
STREET ADDRESS **3821 NW 94TH WAY**  
CITY - ST - ZIP **SUNRISE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**900001750549  
-03/20/96--01017--016  
\*\*\*200.00**

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)(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 Block 12 or Block 13. If changed, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

**3/14/96**

CR2E034 (12/95)