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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K85353

(6)

FILED
Apr 25 1997 8:00am
Secretary of State

JAYMARK EXPRESS, INC. Frincipal Place of Business Mailing Address C/O JAY M. FLEMING 1401 SW 8TH STREET 1401 SW 8TH STREET POMPANO BEACH FL 33069 US US US				3. Date Incorporated or Qualified 3a. Date of Last Report			
			•	04/26/1989		/1996	
	lace of Business	2a. Mailing Address	0	4. FEI Number		 	plied For
J JAYM Suite, Apit	rank Express	26 1401 SW 874 Suite, Apt. #, etc.	3 There?	65-0117666		\$8.75	ot Applicable
	Sw 8TH STREET	27		5. Certificate of Status Desired	d 🔲	Fee Re	
City & Stat	te	City & State	, m	6. Election Campaign Financia		\$5.00	
$\frac{3}{20}$	pro Boh Fla	28 Pempano B	Country	Trust Fund Contribution		Added	
380	L '	29 33069 3		8. This corporation has liability Florida Statutes	y for intangible to		. 199.032,
	9. Name and Address of Curre		0 0.573	10. Name and Address of Ne			
FLE	MING, JAY M.		81 Name				
	7 N.W. 67TH AVENUE		82 Street Add	lress (P.O. Box Number is Not Acc	eptable)		
TAN	MARAC FL 33321		83				
			93				
			84 City		FL	85 Zip	Code
1. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for		hanging it	ts registere
agent ta	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obliq	gations of, Section 607.0505, Flori	da Statutes.	alloria board or directors. I holeby t	accobi me appoi	Millioni, as	registered
IGNATURE	Stop atom: Typed or printed name of registered as	gent and title if applicable (NOTE:	Registered Agent signature requ	stred when reinstating)	DATE		************
2.	OFFICERS AN	ND DIRECTORS	13.	ired when reinstating) ADDITIONS/CHANGES TO C	OFFICERS AND I		
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicate on this innual report or supplied pental 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 processor 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, or or an attachment with an address

SIGNATURE

THE AND TYPED OF PRIMES NAME OF SIGNING OFFICER OF DIFFECTOR

(954) 782-6560 Date Disystem Phone

me Phone T