FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:33

DOCUMENT # L35367 (6)

1. Corporation Name
J. D. S. F., INC.

Principal Place of Business	Mailing Address
C/O JON SCMID & ASSOCIATES 120 SO. OLIVE AVE..SUITE 206 WEST PALM BEACH FL 33401	C/O JON SCMID & ASSOCIATES 120 SO. OLIVE AVE..SUITE 206 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/05/1989
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0159461 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CIOFFI, JAMES A
250 TEQUESTA DR #200
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name: JON C. SCHMID
82 Street Address (P.O. Box Number is Not Acceptable): 120 SOUTH OLIVE AVE, STE. 206
83: SUITE 206
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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] JON C. SCHMID 2/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	☐ Change ☐ Addition
NAME	CALDANA, EDWARD	1.2 NAME	
STREET ADDRESS	12 MYERS BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HILL, ONT CA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	DEBIASIO, GIUDITTA	2.2 NAME	
STREET ADDRESS	5440 N. OCEAN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CALDANA, EDWARD	3.2 NAME	
STREET ADDRESS	12 MYERS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HILL, ONT CA	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	CAPPUCITTI, ROCCO	4.2 NAME	
STREET ADDRESS	202 GARDEN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HILL, ONT CA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: [signature] EDWARD CALDANA 2/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0241702 CP