

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

DOCUMENT # **L35367** (6)

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



Principal Place of Business

Mailing Address

**C/O JON SCHMID & ASSOCIATES
120 SO. OLIVE AVE., SUITE 206
WEST PALM BEACH FL 33401**

**C/O JON SCHMID & ASSOCIATES
120 SO. OLIVE AVE., SUITE 206
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified 12/05/1989	3a. Date of Last Report 02/09/1995
4. FEI Number 65-0159461	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 5100 SOUTH DIXIE HIGHWAY	26 Suite, Apt. #, etc.
22 SUITE 7	27 City & State
23 WEST PALM BEACH, FL	28 City & State
24 33405	29 Zip
25 USA	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHMID, JON C.
120 SOUTH OLIVE AVE.
SUITE 206
WEST PALM BEACH FL 33401**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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 CAPPUCITTI Rocco	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPUCITTI, RUCCO	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)