

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L48324 (2)**  
1. Corporation Name  
**JENNY - MADISON INC.**



Principal Place of Business: **1420 NW 85TH WAY PLANTATION FL 33322**  
Mailing Address: **1420 NW 85TH WAY PLANTATION FL 33322**

3. Date Incorporated or Qualified: **02/02/1990** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0176754** 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

2. Principal Place of Business: 21 [ ] 2a. Mailing Address: 26 [ ]  
Suite, Apt. #, etc.: 22 [ ] Suite, Apt. #, etc.: 27 [ ]  
City & State: 23 [ ] City & State: 28 [ ]  
Zip: 24 [ ] Country: 25 [ ] Zip: 29 [ ] Country: 30 [ ]

9. Name and Address of Current Registered Agent  
**BRODY, BERNARD  
1420 NW 85TH WAY  
PLANTATION FL 33322**

10. Name and Address of New Registered Agent  
B1 Name: [ ]  
B2 Street Address (P.O. Box Number is Not Acceptable): [ ]  
B3 [ ]  
B4 City: [ ] FL B5 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 the corporation) DATE: \_\_\_\_\_ (Date of Registered Agent's Signature required when first filing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BRODY, MILDRED</b>	
STREET ADDRESS	<b>1420 NW 85TH WAY</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BRODY, BERNARD</b>	
STREET ADDRESS	<b>1420 NW 85TH WAY</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>BRODY, JOAN</b>	
STREET ADDRESS	<b>1420 NW 85TH WAY</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>BRODY, SHIRLEY</b>	
STREET ADDRESS	<b>1420 NW 85TH WAY</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 or person 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: Bernard Brody  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 305 667 3700  
Date Date of Filing

CR2E034 (12/95)