

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 4:12

DOCUMENT # L86861 (6)

1. Corporation Name

JSM ENTERPRISES, INC.

Principal Place of Business

5555 NW 95TH AVE
SUNRISE FL 33351

Mailing Address

5555 NW 95TH AVE
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1990
3a. Date of Last Report 03/21/1994

4. FEI Number 65-0204699
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 State Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 State Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MACDONALD, JOHN S.
5555 NW 95TH AVE
SUNRISE FL 33321

10. Name and Address of New Registered Agent

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 of Agent (or authorized officer or director) of corporation

(If 30th Registered Agent signature required, attach additional pages)

(Date)

12. OFFICERS AND DIRECTORS

12.1 TITLE

NAME P
MACDONALD, JOHN S.
STREET ADDRESS 5555 NW 95 AVE
CITY, ST, ZIP SUNRISE FL

12.2 TITLE

NAME ST
WASSON, A.J.
STREET ADDRESS 5555 NW 95 AVE
CITY, ST, ZIP SUNRISE FL

12.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. MacDonald

3-16-95

305-572-4428