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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 14 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34152

(9)

1. Corporation Name

JMB TRADING COMPANY

Principal Place of Business

4839 N.W. 90TH AVE.
SUNRISE FL 33351
US

Mailing Address

POST OFFICE BOX 450388
SUNRISE FL 33345

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/31/1991

3a. Date of Last Report

01/28/1994

4. FEI Number

75-2320002

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 7373 PRESCOTT LN

2a. Mailing Address

26 P.O. BOX 6846

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAKE WORTH FL

City & State

28 LAKE WORTH FL

Zip

24 33467

Country

25 U.S.A.

Zip

29 33466-6846

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BUTLER, RICHARD S.
4839 NW 90TH AVE.
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7373 PRESCOTT LANE

84 City

LAKE WORTH

FL

85 Zip Code

33467

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CP
BUTLER, RICHARD S.
4639 NW 90TH AVE.
SUNRISE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
BUTLER, ARLENE
4639 NW 90TH AVE.
SUNRISE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☒ Change ☐ Addition

7373 PRESCOTT LN
LAKE WORTH FL 33467

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☒ Change ☐ Addition

7373 PRESCOTT LN
LAKE WORTH FL 33467

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 reported 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:

RICHARD S. BUTLER

4/7/95 (407) 966-9180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number