

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000006455 (9)**

1. Corporation Name

JINSEY AND ASSOCIATES INC.



Principal Place of Business

**2728 NW 199 LANE
OPA LOCKA FL 33056-2126**

Mailing Address

**2728 NW 199 LANE
OPA LOCKA FL 33056-2126**

2. Principal Place of Business

21 **6757 Arbor Dr**

Suite, Apt. #, etc.

22 **Miramar**

City & State

23 **Florida**

Zip

24 **33023**

Country

25 **Broward**

2a. Mailing Address

26 **6757 Arbor Dr**

Suite, Apt. #, etc.

27 **Miramar**

City & State

28 **Florida**

Zip

29 **33023**

Country

30 **Broward**

3. Date Incorporated or Qualified

11/20/1992

3a. Date of Last Report

07/18/1995

4. FEI Number

65-0399179

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

9. Name and Address of Current Registered Agent

**ROBERTS, JINSEY N
2728 NW 199 LANE
OPA LOCKA FL 33056-2126**

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 typed or printed name of registered agent or director

(If the Registered Agent's signature is required when filing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **PST**
NAME **ROBERTS, JINSEY N.**
STREET ADDRESS **2728 NW 199TH LANE**
CITY-ST-ZIP **OPA LOCKA FL**

☐ DELETE

TITLE **1VP**
NAME **ROBERTS, MICHELLE**
STREET ADDRESS **2728 NW 199TH LANE**
CITY-ST-ZIP **OPA LOCKA FL**

☐ DELETE

TITLE **2VP**
NAME **BACCLUS, LONCELOT**
STREET ADDRESS **17210 NW 10TH COURT**
CITY-ST-ZIP **MIAMI FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **2VP** ☐ Change ☐ Addition

1.2 NAME **Andy Roberts**

1.3 STREET ADDRESS **1465 N.E. 147th**

1.4 CITY-ST-ZIP **miami FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(g), 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

07-10-96

DATE

DATE OF FILING

CR2E034 (12/95)