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CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000004865 (0)**

1. Corporation Name
J.D.C.C., INC.

Principal Place of Business	Mailing Address
3445 PINEWALK DRIVE. NORTH 105 MARGATE FL 33064 US	3445 PINEWALK DR., NORTH 105 MARGATE FL 33064 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21 3400 NE 30 ST
22 Suite, Apt. #, etc.
23 City & State: FT LAUDERDALE FL.
24 Zip: 33308
25 Country: U.S.A

2a. Mailing Address
26 3400 NE 30 ST
27 Suite, Apt. #, etc.
28 City & State: FT LAUDERDALE FL.
29 Zip: 33308
30 Country: U.S.A

4. FEI Number: 65-0378913 ☐ 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

DESMOND, JASON
3445 PINEWALK DRIVE, NORTH
#105
MARGATE FL 33064

10. Name and Address of New Registered Agent

81 Name: DESMOND, JASON
82 Street Address (P.O. Box Number is Not Acceptable): 3400 NE 30 ST
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33308

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: J Desmond JASON DESMOND 8/1/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☑ Change ☐ Addition
NAME	DESMOND, JASON	12 NAME	DESMOND, JASON	
STREET ADDRESS	3445 PINEWALK DRIVE, NORTH #105	13 STREET ADDRESS	3400 NE 30 ST	
CITY-ST-ZIP	MARGATE FL	14 CITY-ST-ZIP	FT LAUDERDALE, FL.	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: J Desmond 8/1/95 564-7812.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106387 CP