

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 # P93000029770 (3)

1. Corporation Name

JNC DEVELOPMENT COMPANY



Principal Place of Business

2201 WEST SAMPLE RD.
BUILDING 9 SUITE 1A
POMPANO BEACH FL 33073

Mailing Address

2201 WEST SAMPLE RD.
BUILDING 9 SUITE 1A
POMPANO BEACH FL 33073

2. Principal Place of Business

2a. Mailing Address

21 1755 SE 9th Street

26 1755 SE 9th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Fort Lauderdale FL

28 Fort Lauderdale FL

Zip

Country

Zip

Country

24 33316

25

29 33316

30

3. Date Incorporated or Qualified

04/22/1993

3a. Date of Last Report

05/31/1995

4. FEI Number

65-0404589

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

CASTELLANO, JOHN
2201 W. SAMPLE ROAD
BLDG 9, STE 1A
POMPANO BEACH FL 33073

81 Name

CASTELLANO, John

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

1755 SE 9th Street

83

84 City

Fort Lauderdale

FL

85 Zip Code

33316

11. Pursuant to the provisions of Sections 607.0307 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, Chapter 607, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CASTELLANO, JOHN N
STREET ADDRESS 2201 W SAMPLE RD, BLDG 9, STE 1A
CITY-ST-ZIP POMPANO BEACH FL 33073

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 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

4/26/96

954 522-3300

DATE

Daytime Phone #

CR2E034 (12/95)