

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

1995



DOCUMENT # P93000042797 (9)

SCRIM JIM, INC.

APPROVED
FEB 23 1995

95 FEB 23 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		Mailing Address	
528 NW 7 AVE MIAMI FL 33136		528 NW 7 AVE MIAMI FL 33136	
2. Period of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/17/1993	07/08/1994
4. FEI Number	Applied For
65-0435246	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
☐	
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	
NASH, PHILIP J. 528 NW 7TH AVE. MIAMI FL 33136		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 _____ DATE _____
(Print Name of Registered Agent) (Print Name of Registered Agent) (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
2. NAME	NASH, PHILIP J.	2.1 NAME	
3. STREET ADDRESS	135 OCEAN DR., STE. 506	3.1 STREET ADDRESS	
4. CITY, ST., ZIP	MIAMI FL	4.1 CITY - ST - ZIP	
5. TITLE		5.1 TITLE	☐ Change ☐ Addition
6. NAME		6.1 NAME	
7. STREET ADDRESS		7.1 STREET ADDRESS	
8. CITY, ST., ZIP		8.1 CITY - ST - ZIP	
9. TITLE		9.1 TITLE	☐ Change ☐ Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY, ST., ZIP		12.1 CITY - ST - ZIP	
13. TITLE		13.1 TITLE	☐ Change ☐ Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY, ST., ZIP		16.1 CITY - ST - ZIP	

14. I 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)(a), Florida Statutes. Further, I certify that the information submitted on the 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13.

SIGNATURE: *Paul* 2-23-95 324-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR