

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 # P93000044712 (6)

1. Corporation Name

JAMES DAVID INC.

Principal Place of Business

1020 E 15 ST  
HIALEAH FL 33010

Mailing Address

1020 E 15 ST  
HIALEAH FL 33010



3. Date Incorporated or Qualified

06/17/1993

3a. Date of Last Report

02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 600 CENTRAL PK DR  
Suite, Apt. #, etc.

26 9361 N.W. 15TH ST  
Suite, Apt. #, etc.

4. FEI Number

65-0432325

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

22 City & State  
23 PLANTATION FLA

27 City & State  
28 PLANTATION FL

24 Zip  
33322

25 Country  
BROWARD

29 Zip  
33322

30 Country  
BROWARD

9. Name and Address of Current Registered Agent

JACOBS, JAMES H  
1020 E 15 ST  
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name  
JACOBS, JAMES H

82 Street Address (P.O. Box Number is Not Acceptable)  
9361 N.W. 15TH ST  
PLANTATION

83 City

FL

85 Zip Code

33322

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
JACOBS, JAMES H  
STREET ADDRESS  
9361 N.W. 15TH ST.  
CITY - ST - ZIP  
PLANTATION FL 33322

1.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME  
GUEST, DAVID J  
STREET ADDRESS  
3078 PERRIWINKLE CIRCLE  
CITY - ST - ZIP  
DAVE FL 33328

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
JACOBS, ARLENE  
STREET ADDRESS  
9361 N.W. 15TH ST.  
CITY - ST - ZIP  
PLANTATION FL 33322

3.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME  
GUEST, MYRNA  
STREET ADDRESS  
3078 PERRIWINKLE CIRCLE  
CITY - ST - ZIP  
DAVID FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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)(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:

JAMES H. JACOBS

1/22/96

305-974-5230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)