

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000080378 (1)**

1. Corporation Name
J.M. & SONS ENTERPRISES, INC.



Principal Place of Business
**1960 AUGUSTA TERR.
CORAL SPGS. FL 33071
US**

Mailing Address
**P. O. BOX 770577
CORAL SPGS. FL 33071-0577
US**

3. Date Incorporated or Qualified **11/22/1993** 3a. Date of Last Report **06/07/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **65-0454569** 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

10. Name and Address of New Registered Agent

**MAMONE, JOHN
1960 AUGUSTA TERRACE
CORAL SPRINGS FL 33071**

81 Name **GRACE MAMONE**
82 Street Address (P.O. Box Number is Not Acceptable) **1960 AUGUSTA TERRACE**
83
84 City **CORAL SPRINGS** FL 85 Zip Code **33071**

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: *John Mamone* Grace Mamone Pres. 4-12-96 DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAMONE, JOHN	
STREET ADDRESS	1960 AUGUSTA TERR.	
CITY-ST-ZIP	CORAL SPGS. FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	MAMONE, GRACE	
STREET ADDRESS	1960 AUGUSTA TERR.	
CITY-ST-ZIP	CORAL SPGS. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PVPTS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	GRACE MAMONE	
13 STREET ADDRESS	1960 AUGUSTA TERRACE	
14 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(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, changed, or on an attachment with an address

SIGNATURE: *Grace Mamone* Grace Mamone Pres. 4-12-96 DATE: _____ DAY-TIME PHONE: _____

CR2E034 (12/95)