

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
CORPORATE SERVICES

APPROVED
AND
FILED

DOCUMENT # **P93000080682 (6)**

1. Corporation Name

JGM FOODS, INC.

5/7/95 11:10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **450 NORTHLAKE BLVD. # 11 LAKE PARK FL 33403**
Mailing Address: **450 NORTHLAKE BLVD. # 11 LAKE PARK FL 33403**

3. Date incorporated or qualified 11/16/1993	3a. Date of last report 08/02/1994
4. FFI Number 65-0449921	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for information fee under 22, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Incorporation 21	2a. Mailing Address 26
22. State of Incorporation 27	27. State of Mailing Address 28
23. City and State 28	28. City and State 29
24. 25	29. 30

9. Name and Address of Current Registered Agent
**MOUJABBER, JOSEPH G
450 NORTHLAKE BLVD.
11
LAKE PARK FL 33403**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address, P.O. Box Number or Not Acceptable	
83.	
84. City	85. Zip Code FL

11. Pursuant to the provisions of Sections 22, 23, and 24, 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. For this purpose, was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and accept the corporation's true name and Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
NAME	ADDRESS	NAME	ADDRESS
1. D MOUJABBER, JOSEPH G 131 LAKESHORE DRIVE, # 4 NORTH PALM BEACH FL 33408		1. NAME	☐ Change ☐ Address
2. NAME		2. NAME	☐ Change ☐ Address
3. NAME		3. NAME	☐ Change ☐ Address
4. NAME		4. NAME	☐ Change ☐ Address
5. NAME		5. NAME	☐ Change ☐ Address
6. NAME		6. NAME	☐ Change ☐ Address
7. NAME		7. NAME	☐ Change ☐ Address
8. NAME		8. NAME	☐ Change ☐ Address
9. NAME		9. NAME	☐ Change ☐ Address
10. NAME		10. NAME	☐ Change ☐ Address
11. NAME		11. NAME	☐ Change ☐ Address
12. NAME		12. NAME	☐ Change ☐ Address
13. NAME		13. NAME	☐ Change ☐ Address
14. NAME		14. NAME	☐ Change ☐ Address
15. NAME		15. NAME	☐ Change ☐ Address
16. NAME		16. NAME	☐ Change ☐ Address
17. NAME		17. NAME	☐ Change ☐ Address
18. NAME		18. NAME	☐ Change ☐ Address
19. NAME		19. NAME	☐ Change ☐ Address
20. NAME		20. NAME	☐ Change ☐ Address

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 111.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 manager or trustee empowered to execute this report as required by Chapter 1907, Florida Statutes, and that my name appears in Block 1, or Block 1a, of the foregoing or is so attached thereto with an address.

SIGNATURE: *Joseph G. Moujabber* **JOSEPH G. MOUJABBER** 5/7/95 407-622-3516