CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:32

DOCUMENT # P93000085586 (4)

1. Corporation Name

JEC ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1146 LAGUNA SPRINGS DR.<br>FT. LAUDERDALE FL 33394 | 1146 LAGUNA SPRINGS DR.<br>FT. LAUDERDALE FL 33394 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 6060 SW 18th St
22: Suite, Apt. #, etc.
23: City & State: Boca Raton FL
24: Zip: 33
25: Country: PALM Beach

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0468219 ☐ 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

NEWMAN, WILLIAM D JR
ONE FINANCIAL PLAZA
SUITE 2626
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

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 abovenamed 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 corpration'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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CIANFRINI, JEROME<br>1146 LAGUNA SPRINGS DR.<br>FT. LAUDERDALE FL 33326 | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ZIP | P. D.<br>CianFrini, Jerome<br>1146 Laguna Springs Dr<br>Ft. Laud FL 33326 | ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | V.P. Secretary<br>CianFrini, Cheryl<br>1146 Laguna Springs Dr<br>Ft. Laud FL 33326 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and deemed public for the exemption stated in Section 119.07(3)(i), 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 INDIVIDUAL OFFICER OR DIRECTOR — 3/28/95 — 3053897033 (Daytime Phone #)

JEROME CIANFRINI