

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 16 AM 11:07

DOCUMENT # P94000007796 (3)

1. Corporation Name
I J D M INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**503 FALLS OF VENICE CIRCLE
VENICE FL 34292**

3. Date Incorporated or Qualified **01/28/1994** 3a. Date of Last Report **N/A**

2. Principal Place of Business 2a. Mailing Address
21 IJDM INC 26 IJDM Inc

4. FEI Number **65-0464512** Applied For
Not Applicable

22 **6026 Abigail Ave -** 27 **6026 Abigail Ave**

5. Certificate of Status Dealer **N/A** **\$8.75** Additional Fee Required

23 **North Port FLA** 28 **North Port FLA**

6. Election Campaign Financing Trust Fund Contribution **N/A** **\$5.00** May Be Added to Fees

24 **34287** 25 **Sarasota** 29 **34287** 30 **Sarasota**

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

**SANDERS, WALTER
5121 EHRlich ROAD
BLDG. 107 SUITE B
TAMPA FL 33624**

*Same agent
changed
address*

81 Name **Sanders, Walter**
82 Street Address (P.O. Box Number is Not Acceptable) **13910 North Dale Mabry**
83 **Suite 1**
84 City **Tampa** 85 Zip Code **FL 33618**

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 **Walter Sanders** **Walter Sanders** 3/13/95
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **BINDER, KEITH D**
STREET ADDRESS **503 FALLS OF VENICE CIRCLE**
CITY - ST - ZIP **VENICE FL 34292**

1.1 TITLE **D** Change Addition
1.2 NAME **Binder, Keith D**
1.3 STREET ADDRESS **6026 Abigail Ave**
1.4 CITY - ST - ZIP **North Port FLA 34287**

TITLE **D**
NAME **BINDER, BRENDA**
STREET ADDRESS **503 FALLS OF VENICE CIRCLE**
CITY - ST - ZIP **VENICE FL 34292**

2.1 TITLE **D** Change Addition
2.2 NAME **Binder, Brenda S**
2.3 STREET ADDRESS **6026 Abigail Ave**
2.4 CITY - ST - ZIP **North Port FLA 34287**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
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)(a), 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: **Keith D Binder Director** **3/13/95** (813) 423-7951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE