

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011942 (7)

1. Corporation Name

J.R.D. ENTERPRISES, INC.



Principal Place of Business

Mailing Address

18473 NW 21 ST
PEMBROKE PINES FL 33029

18473 NW 21 ST
PEMBROKE PINES FL 33029

2. Principal Place of Business

21 831 N FEDL HWY

Suite, Apt. #, etc.

22 HALLANDALE

City & State

23 HALLANDALE FL

Zip

24 33009

Country

25 USA

2a. Mailing Address

26 2346 NW 107 AVE

Suite, Apt. #, etc.

27

City & State

28 SUNRISE FL

Zip

29 33322

Country

30 USA

3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

03/13/1995

4. FEI Number

65-0467739

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. 199.03?
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LEFKOWITZ, RICHARD M
18473 NW 21 ST
PEMBROKE PINES FL 33029

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 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's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME LEFKOWITZ, RICHARD M
STREET ADDRESS 18473 NW 21 ST
CITY - ST - ZIP PEMBROKE PINES FL 33029

☐ DELETE

TITLE D
NAME LEFKOWITZ, DONALD E
STREET ADDRESS 2346 NW 107 AVE
CITY - ST - ZIP SUNRISE FL 33322

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

D
LEFKOWITZ, DONALD E.
3771 ENVIRON BLVD. APT. 445
LAUDERHILL, FL. 33319

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Donald E. Lefkowitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 6/17/96 (954) 749-4385

0033083

CP

CR2E034 (3/96)