FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018492 (6)

1. Corporate Name
JSR FINANCIAL SERVICES CORP.

Principal Place of Business
2217 CYPRESS ISLAND DR #607
POMPANO BEACH FL 33069

Mailing Address
2217 CYPRESS ISLAND DR #607
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1054 NW 184 TH WAY

2a. Mailing Address
26

Suite Apt # etc.
22

Suite Apt # etc.
27

City & State
23 Pembroke Pines, FL

City & State
28

24 33029 25 USA 29 30

4. FEI Number: 65-0474414
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. Does corporation owe funds to Florida Department of Revenue under F.S. 175.064 Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

KLISTON, TODD W
8811 W BROWARD BLVD SUITE 375
PLANTATION FL 33324

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 607.0505 and 607.1008, 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 hereby accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROTHMAN, JAMES S
STREET ADDRESS 2217 CYPRESS ISLAND DR #607
CITY, STATE, ZIP POMPANO BEACH FL 33069

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE D, P [X] Change [ ] Addition
NAME Rothman, James S.
STREET ADDRESS 1054 NW 184 WAY
CITY, STATE, ZIP Pembroke Pines, FL 33029

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I certify that the information supplied with this report is accurate and that I am qualified to file this report under Section 607.0505, Florida Statutes. Further, I certify that I am an officer or director of the corporation or the person or business organization to whom the report or response is addressed under Section 607.0505, Florida Statutes, and that, if applicable, I have the authority to act on behalf of the corporation or the person or business organization with respect to this report.

SIGNATURE: James S. Rothman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 305 438-0170
DATE TELEPHONE

0112767 CP