

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

FILED

95 AUG -7 AM 11: 04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000027676 (3)**

1. Corporation Name
JAMAR DESIGNS, INC.

Principal Place of Business Mailing Address
7833 RAMONA STREET 7833 RAMONA STREET
MIRAMAR FL 33023 MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/08/1994

2. Principal Place of Business 2a. Mailing Address
21 **3190 S State Rd 7** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
25-0498015 Not Applicable

22 **22** 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **MIRAMAR FL** 28

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

24 **33023** 25 **LEONARD** 29 30

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

DAVES, MARSHA
7833 RAMONA STREET
MIRAMAR FL 33023

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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 of (past or present) agent or registered agent and the applicant)

(Signature of (past or present) agent or registered agent or shareholder)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **DAVES, MARSHA**
STREET ADDRESS **7833 RAMONA STREET**
CITY, ST, ZIP **MIRAMAR FL 33023**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE Change Addition
22 NAME **LYNDA DAVIES**
23 STREET ADDRESS **2221 JACKSON ST**
24 CITY, ST, ZIP **HELLYWOOD FL 33020**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marsha Daves*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARSHA DAVIES

8/1/95 **215-966-9599**