

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000031753 (4)

1. Corporation Name

JAMES & COMPANY DEVELOPERS, INC.



Principal Place of Business

2021 TYLER ST.
HOLLYWOOD FL 33020

Mailing Address

2021 TYLER ST.
HOLLYWOOD FL 33020

2. Principal Place of Business

2a. Mailing Address

21 J & CO Dev. INC.

26 SAME as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 600 Corp. Dr. #512

27

City & State

City & State

23 Ft. LAUD. FL

28

Zip

Zip

Country

Country

24 33334

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISMAN, DAVID
2021 TYLER ST.
HOLLYWOOD FL 33020

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 for 21 is principal name of registered agent and is not 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-STATE-ZIP
DPS
ANTONUCCI, JAMES F
923 SEAGATE DRIVE
DELRAY BEACH FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

14. I do hereby certify that the information supplied in 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 1305)771-8939

CR2E034 (12/95)