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 JUL 31 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000063240 (3)**

1. Corporation Name
J.C. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4930 HAWKES BLUFF AVE DAVIE FL 33314	4930 HAWKES BLUFF AVE DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2269 S University Dr
22: Suite, Apt. #, etc.
23: City & State: Davie Fl.
24: Zip: 33324
25: Country: USA

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0525777 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16 ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: RHODA HOFFMAN
82 Street Address (P.O. Box Number is Not Acceptable): 4930 HAWKES BLUFF AVE
83:
84 City: DAVIE FL 85 Zip Code: 33331

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: Rhoda Hoffman
Agent's typed or printed name of agent and office if applicable — NOTE: Registered Agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, JACK	12 NAME	
STREET ADDRESS	4930 HAWKES BLUFF AVE	13 STREET ADDRESS	
CITY ST ZIP	DAVIE FL 33314	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, ELAINE	22 NAME	
STREET ADDRESS	4930 HAWKES BLUFF AVE	23 STREET ADDRESS	
CITY ST ZIP	DAVIE FL 33314	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, PERRY L	32 NAME	
STREET ADDRESS	4930 HAWKES BLUFF AVE	33 STREET ADDRESS	
CITY ST ZIP	DAVIE FL 33314	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, RHODA	42 NAME	
STREET ADDRESS	4930 HAWKES BLUFF AVE	43 STREET ADDRESS	
CITY ST ZIP	DAVIE FL 33314	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), 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: Rhoda Hoffman RHODA HOFFMAN, DIR. 7/31/95 305 474-2223
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0236540 CP