

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P94000072129 (7)**

1. Corporation Name  
**J.T.D., INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>OLEY'S MARKET<br/>3891 46TH AVE.<br/>ST. PETERSBURG FL 33714</b> | Mailing Address<br><b>OLEY'S MARKET<br/>3891 46TH AVE.<br/>ST. PETERSBURG FL 33714-3642</b> |
|--|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/29/1994</b>   | 3a. Date of Last Report<br><b>04/12/1996</b> |
| 4. FEI Number<br><b>59-3274331</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional</b>                     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>HOPKINS, JUNE<br/>48TH AVENUE NORTH<br/>ST. PETERSBURG FL 33714</b> |  |
|---|--|

|  |                                |
|--|--------------------------------|
| 10. Name and Address of New Registered Agent                                       |                                |
| 81 Name<br><b>Ishag Abu Ayyash</b>   |                                |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>3891 46th Avenue N</b> |                                |
| 83   |                                |
| 84 City<br><b>St. Petersburg</b>   | 85 Zip Code<br><b>FL 33714</b> |

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]* **Ishag Abu Ayyash secretary** DATE **3/27/97**

| 12. OFFICERS AND DIRECTORS  |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input checked="" type="checkbox"/> DELETE |
| <b>PST<br/>HOPKINS, JUNE<br/>3891 48TH AVENUE NORTH<br/>ST. PETERSBURG FL</b>       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input checked="" type="checkbox"/> DELETE |
| <b>VP<br/>NARDONE, TARA L<br/>4215 EAST BAY DRIV, APT. 1005 C<br/>CLEARWATER FL</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> DELETE            |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                |  |
|--|--|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>PST<br/>Ishag Abu Ayyash<br/>3891 46th Avenue N.<br/>ST. Petersburg, FL 33714</b> |  |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>VP<br/>Husni Albargauthi<br/>4102 Bayshore Road<br/>Sarasota, FL 34234</b>        |  |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* **3-7-97** **4-9**

CR2E034 (9/96)