

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

APPROVED
AND
FILED

1997 OCT -6 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P940000 93618 (4)
1. Corporation Name
J.R.D. CONSULTING, INC.

Principal Place of Business Mailing Address SAME
2805 E. OAKLAND PK. BLVD.
SUITE 339
FT. LAUDERDALE, FL 33306

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

3. Date Incorporated or Qualified	3a. Date of Last Report
12-28-1994	5-28-96
4. FEI Number	Applied For
58-223-1301	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
X	
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
	X

9. Name and Address of Current Registered Agent
JANICE CASHNER
314 NE 27 ST
WILTON MANORS, FL 33334

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 607.0502 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 JANICE C. CASHNER, PRESIDENT DATE 10-2-97

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JANICE CASHNER	
STREET ADDRESS	314 NE 27 ST	
CITY-ST-ZIP	WILTON MANORS, FL 33334	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	800002319625	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	-10/14/97--01012--001	
13 STREET ADDRESS	****173.75 ****173.75	
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: JANICE C. CASHNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2-97 954-568-3779
Date Daytime Phone

CR2E034 (9/96)

2

J. R. D. CONSULTING INC.
2805 E. Oakland Park Blvd.
Suite 339
Ft. Lauderdale, FL 33306

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern;

Enclosed please find my Profit Corporation annual report and a check for \$173.75 which reflects the filing fee of \$ 165.00 and \$8.75 for Certificate of Status.

I spoke to your office last month requesting this form and explained that I never received my renewal in the mail. They looked it up and found that it was mailed to my old address of 2 years ago. I explained that I had sent in my new address(enclosed) on last years form and did not understand why it was sent to my old address. They informed me that I would not have to pay the late fee this year, but if it happened again I would be responsible for the late fee. Therefore, I am enclosing the \$ 165.00 fee.

Thank you.

Sincerely,
J. R. D. CONSULTING INC.



Janice C. Cashner