

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90056 026 \*\*\*150.00

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DOCUMENT # P95000020428

1. Corporation Name

J.M. RETAIL SALES, INC.

Principal Place of Business

7411-11TH AVE NORTH #309  
LARGO FL 34643

Mailing Address

7411-11TH AVE NORTH #309  
LARGO FL 34643

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/13/1995

4. FEI Number

59-3303581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

☒ No

2. Principal Place of Business

21 10360- 72nd Street

Suite, Apt. #, etc.

22 Suite 817

City & State

23 LARGO, FL

Zip

24 33777-1546

Country

25 USA

2a. Mailing Address

26 10360- 72nd Street

Suite, Apt. #, etc.

27 Suite 817

City & State

28 LARGO, FL

Zip

29 33777-1546

Country

30 USA

9. Name and Address of Current Registered Agent

SICIAS, MANUEL  
111 N ORANGE AVENUE  
SUITE 700  
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BERNING, JAMES M  
STREET ADDRESS 7411-11TH AVE NORTH #309  
CITY-ST-ZIP LARGO FL 34643

TITLE D ☐ DELETE

NAME BERNING, MARSHA A  
STREET ADDRESS 7411-11TH AVE NORTH #309  
CITY-ST-ZIP LARGO FL 34643

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 10360- 72nd St. Suite 817  
1.4 CITY-ST-ZIP LARGO FL 33777-1546

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 10360- 72nd St. Suite 817  
2.4 CITY-ST-ZIP LARGO, FL 33777-1546

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*James M. Berning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

Date

727-541-6198

Daytime Phone #

CR2E034 (11/98)