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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000056867 (1)

1. Corporation Name

JDSS COMPANIES INCORPORATED

Principal Place of Business

2875 NE 191ST
SUITE 400
AVENTURA FL 33180

Mailing Address

2875 NE 191ST
SUITE 400
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

65-0597965

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 19501 Biscayne Blvd / Apt. 400

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Aventura, FL

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 19501 Biscayne Blvd / Apt. 400

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Aventura, FL

Zip

29 33180

Country

30 USA

9. Name and Address of Current Registered Agent

SCHWARTZ, JAY
2875 NE 191ST
SUITE 400
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

JAY SCHWARTZ

82 Street Address (P.O. Box Number is Not Acceptable)

19501 BISCAYNE BLVD

83

SUITE 400

84 City

AVENTURA

FL

85 Zip Code

33180

11. Pursuant to the provisions of Sections 607.0507 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

4/22/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SCHWARTZ, JAY
STREET ADDRESS 2875 NE 191ST
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE

NAME SELIGSON, SCOTT F
STREET ADDRESS 2875 NE 191ST
CITY-ST-ZIP AVENTURA FL 33180

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 Schwartz, Jay
1.3 STREET ADDRESS 19501 Biscayne Blvd, Suite 400
1.4 CITY-ST-ZIP Aventura, FL 33180

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Seligson, Scott F.
2.3 STREET ADDRESS 19501 Biscayne Blvd, Suite 400
2.4 CITY-ST-ZIP Aventura, FL 33180

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.

SIGNATURE:

JAY SCHWARTZ

4/22/98

(305) 932-1200

CR2E034 (10/97)