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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083200 (2)

J & M ENTERPRISES OF BROWARD COUNTY, INC.

Principal	Place of	Bus	ness
7534 GDA	AVILLE	VOIVE	

Mailing Address

FILED Jan 14 1997 8:00am Secretary of State



7534 GRANVILLE DRIVE TAMARAC FL 33321		7534 GRANVILLE DRIVE TAMARAC FL 33321-8736	7534 GRANVILLE DRIVE TAMARAC FL 33321-8736						
						3. Date Incorporated or Qualified 10/31/1995		ate of Last 17/1996	
	lacc of Business	2a. Mailing Address				4. FEI Number	-		Applied For
21		26				65-0639010		١	Vot Applicable
Suite, Apt.		Suite Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat 23	e	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip 24	Country 25	Ζφ 29	Cour 30	ntry			Yes [No	s. 199.032,
	9. Name and Address of Cu	rrent Registered Agent		2.1		10. Name and Address of New Reg	jistered .	Agent	
	VRENCE JOHN MIANO, P.A.		į '	81	Name				
110 TOWER - SUITE 1630 110 S.E. 6TH STREET			L	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
FT.	LAUDERDALE FL 33301		['	83					
			ļ	84	City		FL	85 Zip	o Code
office or r agent 1 a	to the provisions of Sections our registered agent or both, in the S imitar har with, and accept the c	itate of Florida. Such change was brigations of, Section 607.0505, F	authorized Iorida Statu	l by ites	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the app	ointment a	is registered
	Signature, typied or printed name of region is			Ager	nt signature requi	red when reinstaling)	DATE		
12.		AND DIRECTORS	13.		····	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D DECLEY MADES	DELETE	1,1 110					Change	Addition
NAME	BEGLEY, MARTIN J 7534 GRANVILLE DRIVE		1,2 NAI						
STREET ADDRESS	TAMARAC FL 33321		1		ADDRESS				
CITY - ST - ZIP TITLE	IAMARAU FL 33321	DELETE	1 4 CIT 2 1 TITE		T-ZIP			Change	Add tion
NAME		L. Dette it	22 NA					☐ Cusuār	
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP			2 4 01			-	• •		
TITLE		DELETE	31 TITI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS	: !		3.3 STR	REE,T.	ADDRESS				
CHTY-SI-ZIP			3 4. CIT	IY-S	T-ZIP				
TITLE	**************************************	DELETE	4,1 TITI	LE				Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET	ADDRESS				
CHTY-ST-ZIP			4,4 CIT		I - ZIP				
TITLE		☐ DELETE	5.1 TIT		Į			Change	Addition
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CUTY - ST - ZIP			5.4 CIT		T-ZIP				
TITLE		DELETE	6.1 1111					Change	e 📙 Addition
NAME.			6.2 NA						
STREET ADDRESS			1		ADORESS				
CITY - ST - ZIP			6 4 CIT	Y-\$	I-ZIP				

Loo 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THUS. 1/4/97 (954) 724-875