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May 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000016574 (1)

1. Corporation Name

J.S.D. SUPPLIES, INC.

Principal Place of Business

1040 BAYVIEW DRIVE, #800  
FT LAUDERDALE FL 33304

Mailing Address

1040 BAYVIEW DRIVE, #800  
FT LAUDERDALE FL 33304-2591

3. Date Incorporated or Qualified  
02/22/1996

3a. Date of Last Report

4. FEI Number

65-0647495

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 6550 N. Federal Hwy.

Suite, Apt. #, etc.

22 Suite 340

City & State

23 Fort Lauderdale, FL

Zip

24 33308

Country

2a. Mailing Address

26 6550 N. Federal Hwy.

Suite, Apt. #, etc.

27 Suite 340

City & State

28 Fort Lauderdale, FL

Zip

29 33308

Country

30

9. Name and Address of Current Registered Agent

CASORIA, S.M. III  
1040 BAYVIEW DRIVE, #800  
FT LAUDERDALE FL 33304

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  
NAME CASORIA, S.M. III  
STREET ADDRESS 1040 BAYVIEW DRIVE, #800  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE President  
2.2 NAME James W. Bryan  
2.3 STREET ADDRESS 32 Minnetonka Road  
2.4 CITY-ST-ZIP Sea Ranch Lakes, FL 33308

3.1 TITLE Vice President  
3.2 NAME David W. Sexton, Jr.  
3.3 STREET ADDRESS 6899 SW 50 Place  
3.4 CITY-ST-ZIP Davie, FL 33314

4.1 TITLE Secretary/Treasurer  
4.2 NAME H. Steven Mishket  
4.3 STREET ADDRESS 16137 SW 74 Place  
4.4 CITY-ST-ZIP Miami, FL 33157

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W BRYAN

4/29/97

(954) 772-7655

Date

Daytime Phone #

0281061

CR2E034 (9/96)