

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90322 029 ***150.00

DOCUMENT # P96000047469

1. Corporation Name

J & M SPECIALITY MAILING CORP.

Principal Place of Business

11762 N KENDALL DRIVE
SUITE 222
MIAMI FL 33186

Mailing Address

11762 N KENDALL DRIVE
SUITE 222
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1996

4. FEI Number

65-0677687

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.

☒ Yes

☐ No

2. Principal Place of Business

21 50 CHIPPER COURT
Suite, Apt. #, etc.

2a. Mailing Address

26 50 CHIPPER COURT
Suite, Apt. #, etc.

City & State

23 ST. AUGUSTINE FL
Zip Country

24 32084 25 USA

City & State

28 ST. AUGUSTINE FL
Zip Country

29 32084 30 USA

9. Name and Address of Current Registered Agent

MANDEL, STANLEY
20341 OLD CUTLER ROAD
SUITE A
MIAMI FL 33189

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 P ☐ DELETE

NAME STUART, JENNIFER
STREET ADDRESS 6921 SW 127 CT
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME STUART, MICHAEL
STREET ADDRESS 6921 SW 127 CT
CITY-ST-ZIP MIAMI FL

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 P ☒ Change ☐ Addition

1.2 NAME STUART, JENNIFER
1.3 STREET ADDRESS 50 CHIPPER COURT
1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME STUART, MICHAEL
2.3 STREET ADDRESS 50 CHIPPER COURT
2.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084

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: *Jennifer Stuart* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

(305) 383-3500
Daytime Phone #

CR2E034 (11/98)