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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

POCUMENT # P96000051317 (1)

JSD DE	EVELOPMENT, INC.								
Principal Plac	e of Business	Mailing Address				-			
P.O. BOX 3566 P.O. BOX 3566 P.O. BOX 3566 WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33402									
						3. Date Incorporated or Qualified 06/14/1996	3a. D.	ate of Last R	eport
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number 65 - 0699120	-	}	oplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					·	····	ot Applicable Additional
22		27				5. Certificate of Status Desired	X		egulred
City & Stat		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country Zip Co			,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🛣 No				
	9. Name and Address of Current					10. Name and Address of New Re			
	RPORATION SERVICE COMPANY		81	Namo					
1201 HAYS STREET				Street	Addres	ss (P.O. Box Number is Not Acceptat	ole)		~
I AL	LAHASSEE FL 32301-2525		83						~
			84	City	·			100 7	
10				,			FL	_	Code
1 DIIIDE DE	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	LLIOUGA SUCB CHANGE WAS AL	irborized by	i ine com	l corpo poratio	ration submits this statement for the p n's board of directors. I hereby accep	urpose o of the app	f changing it pointment as	s registered registered
	Signature, typed or printed harno of registerud agent i		Registered Age	nt signature	required	when reinstating)	DATE		
12.				13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE NAME	L_J DELETI		1.1 TITLE 1.2 NAME			esident		☐ Change	X Addition
STREET ADDRESS			1.3 STREET	ADDRESS	43	urier carpeutier 6 Jubilee Cresceut			i
CITY-ST-ZIP			1.4 City-St-ZIP BC		BE	aconstield, querec, c	ัดบลช	A. N91	Dael
TITLE	☐ DELETE								Addition
NAME			2.2 NAME						
STREET ADDRESS CITY-ST-ZIP			2.3 STREET						h (
TITLE		DELETE	2 4 C/TY - S 3.1 TITLE	11- ZIF				☐ Change	Addition
NAME] :		3.2 NAME	3.2 NAME					
STREET ADDRESS	3.			ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CITY - S 4.1 TITLE	1-ZIP				Change	Addiso
NAME		LJ back	4.2 NAME					L Change	Addition
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	r-zip					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME PZOCCE ADDRESS			5.2 NAME						
STREET ADDRESS CITY-ST-ZIP			5.3 STREET						į
TITLE		DELETE	5.4 CITY - ST 6.1 TITLE	r-zir				Change	Addition
NAME -			6.2 NAME						and resident
STREET ADDRESS			6.3 STREET	address					ĺ
CITY-ST-ZIP			6.4 CITY - ST	I - 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 ennual 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: A MA

412197

FILED

Apr 21 1997 8:00am

Secretary of State