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 # P96000063216 (1)

JONES FAMILY CUSTODIAL SERVICES, INC.

Principal Place 1251 N.W. 56TH MIAMI FL 33142	Mailing Address 1251 N.W. 56TH STREET MIAMI FL 33142-3139	. SETH STREET						
					3. Date Incorporated or Qualified 3a 07/26/1996	a. Date of Las	t Report	
2, Principal Pla	on of Business	2a. Mailing Address			65-0685632	· · · · ·	Applied For Not Applicable	
Suite, Apt ≢, etc 22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	· ····································	Country 30	·		s 🗶 No	or s. 199.032,	
IONE	9. Name and Address of Cu C. DHEDEN	irrent Registered Agent	81	Name	10. Name and Address of New Registe	red Agent	<u></u>	
	s, rueben N.W. 56th Street							
	FL 33142		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
			83					
			84	Cily	1	FL 85 Z	ip Code	
11. Parsuant F	the provisions of Sections 607	.0502 and 607.1508. Florida Statute	es, the above	a-named co	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changin	a its registered	
SIGNATURE	The Motorphy Type (Microsoft)	AND DIRECTORS	Registered Age		owned when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		
Tr). I NAME	DP JONES, RUEBEN	DELETE	1.1 TITLE 1.2 NAME	-	•	[] Chang	ge L Addition	
STREET ADDRESS	1251 N.W. 56t		1.3 STREET	ADDRESS				
COY-ST-7P	Miami, FL 33		14 CITY - S					
TILE		☐ DELETE	21 TITLE			☐ Chanç	ge Addition	
NAM(22 NAME				!	
STREET ADDRESS			2 3 STHEET					
OHY SI 201 TOLE		☐ DELETE	2 4 DiTY -: 31 TiTLE	S1 - ZIP		Chang	ge Addition	
NAME		L	3 2 NAME				ya Lamp risk stiller	
STEFFE AD DESC.			3 3 STREET	ADDRESS				
OIN ST ZIF			3 4. CITY - 1	ST-ZIP				
11/12		LJ DELETE	4.1 TITLE			L.] Chang	ge L Addition	
NAME CTULL LACK DESIGN			4. 2 NAME	ADDRESS				
STHEFT ACCORETS: City Strizip			4.3 STREET 4.4 City - S	i				
THLE		DELETE	5.1 Tille	11-211		☐ Chang	ge Addition	
NAME			5.2 NAME					
SPREEL ADDRESS			53 STREET	ADDRESS				
CiTY+SI+ZIF			5.4 CITY - S	T- 7 P				
TILLE		DELETE 6.1				Chang	ge L Addition	
NAM ²			6.2 NAME					
STREET ADDRESS			6.3 STREET					
005 - \$1_76 14 1 do becebs	a cort to that the information sin	miled with this blind does not qualit	6.4 CITY-S		ted in Section 119.07(3)(i), Florida Statutes. I fu	urther certify t	hat the	
and over a collaboration of	anche atest on this around rough	Lor supplemental appeal coport is to	rue and acco	vate and th	hat my signature shall have the same legal effe port as required by Chapter 607, Florida Statut	ect as if made	under path: that	

SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

(305) 754-9522

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Mar 21 1997 8:00am

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