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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081148 (4)

JULES DAVID DESIGNS, INC.

Principal Plac	a of Busines		Mε	Mailing Address				<u></u>	-			
707 WEST 1131 TAMPA FL 3361	TH AVENUE		707	707 WEST 113TH AVENUE TAMPA FL 33612-5617								
									3. Date Incorporated or Qualified 10/01/1996	3a. Da	ate of Last F	Report
2. Principal P	lace of Busin	ioss	h	2a. Mailing Address					4. FEL Number			pplied For
21 Suite Ant	# 444		26						59-3402333			ot Applicable
Sulte, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired
City & State	Α		27	City & State					Election Compaign Financing			
23	0		28	28					6. Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
Zip				Zip Country					This corporation has liability for it			
24	25		29						Florida Statutes Yes No			
	9, Name	and Address of Curre	nt Regist	egistered Agent			r		10. Name and Address of New Re	gistered	Agent	
AME	RILAWYER	CHARTERED				81	Nam	ie				
	ALMERIA A					82	Strei	et Addre	ess (P.O. Box Number is Not Acceptab	le)		
COR	AL GABLES	S FL 33134				100	 -					
						83	1					
						84	City			FL	85 Zip	Code
11, Pursuant	to the provis	sions of Sactions 607 05	79 and 67	07 1508 Florida Stati	iles the	above	-name	ed corpo	oration submits this statement for the p			ite registered
office or r	egistered ac	ent, or both, in the Stat	ie of Florid	da. Such change was	authori	zed by	the co	orporation	on's board of directors. I hereby accep	of the app	pointment as	registered
ì	m tamillar wi	th, and accept the obliq	gations or,	, Section 607.0505, r-	Horida Si	latutes	i.					
SIGNATURE	Signature, typed	d or printed name of registered ag	gent and title	if applicable (NC	DIE: Registe	ored Age	ent signat	lure require	ed when reinstating)	DATE		
12.		OFFICERS AN	NO DIREC		13	3.			ADDITIONS/CHANGES TO OFFIC	ERS AND) DIRECTOR	
TITLE	PD			DELETE	1.1	1 TITLE					Change	Addition
NAME		M, JULIE A			1.2	2 NAME						
STREET ADDRESS 707 WEST 113TH AVENUE				a a constant and a co			ADDRES:	s				
City-st-zip TAMPA FL 33612			·	DELETE	1.4 C					· · · · · · · · · · · · · · · · · · ·	Change	Addition
	084	N, DAVID E		I_J VILLIE		1 TITLE 2 NAME		ĺ			L Change	L_J Agoston
STREET ADDRESS		T 113TH AVENUE				z nawe 3 street :	ADDRES					
CITY-ST-ZIP	TAMPA F				1	4 CITY-S		"				
TITLE	SD			DELETE		1 THLE	11 6	+			Change	Addition
NAME		M, CHRISTINE G			3.2	2 NAME						
STREET ADDRESS		T 113TH AVENUE		3.3:			ADDRESS	s				
CITY-ST-ZIP	TAMPA FL 33612				1	3.4. CITY-\$T-ZIP						
TITLE				DELETE	4.1	1 TITLE					Change	☐ Addition
NAME					4. ;	2 NAME						
STREET ADDRESS					43	3 STREET	ADDRES!	s				
CITY-ST-ZIP						4 CHY-\$1	T · ZIP					
TITLE				DELETÉ		1 TITLE					Change	☐ Addilion
NAME						2 NAME		-				
STREET ADDRESS						3 STREET		S				
CITY-ST-ZIP TITLE	1			☐ DELETE		4 CITY- ST	I - ZIP				Change	A delition
NAME	I			☐ DELETE	- 1	1 TITLE					Change	Addition
STREET ADDRESS					- 6	2 NAME	*********	<u> </u>				
CITY-ST-ZIP						3 STREET A 4 CITY - ST		5				
On 1-01-20					0.4	10111-01	1-211					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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.