

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000085939

Entity Name: JSC FAMILY CORP.

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

233 S. FEDERAL HWY.
510
BOCA RATON, FL 33432

Current Mailing Address:

1001 NW 62ND ST
320L
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1001 NW 62ND STREET
320L
FORT LAUDERDALE, FL 33309

New Mailing Address:

1001 NW 62ND STREET
320L
FORT LAUDERDALE, FL 33309

FEI Number: 65-0719577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBIL, JAMES M
1001 NW 12TH ST #320L
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

NOBIL, JAMES H
1001 NW 62ND ST #320L
FORT LAUDERDALE, FL 33309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES H. NOBIL

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOBIL, LYNN
Address: 1001 NW 62ND ST 320L
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V () Delete
Name: NOBIL, JAMES H
Address: 1001 NW 62ND ST 320L
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: SD () Delete
Name: STEINBERG, SHEILA
Address: 22428 ORANGE BLOSSOM LANE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. NOBIL

VP

02/19/2009

Electronic Signature of Signing Officer or Director

Date