

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 14, 1999 8:00 am  
Secretary of State  
07-14-1999 90010 048 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000015583  
1. Corporation Name  
J & M DESIGN SERVICES, INC.

Principal Place of Business 20322 NW 16TH PLACE NO MIAMI BEACH FL 33179	Mailing Address 20322 NW 16TH PLACE NO MIAMI BEACH FL 33179
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20322 NE 16th PL. Suite, Apt. #, etc. 22 City & State 23 N. MIAMI BEACH Zip 24 33179		2a. Mailing Address 26 20322 NE 16th PL. Suite, Apt. #, etc. 27 City & State 28 N. MIAMI BEACH Zip 29 33179		3. Date Incorporated or Qualified 02/14/1997	
		4. FEI Number 65-0737677		Applied For Not Applicable	
		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHIVERS, JAMES 20322 NW 16TH PLACE NO MIAMI BEACH FL 33179		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 20322 NE 16th PLACE 83 84 City N. MIAMI BEACH FL 85 Zip Code 33179	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIVERS, JAMES 20322 NW 16TH PLACE NO MIAMI BEACH FL 33179	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20322 NE 16th PLACE NO MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PANKOW, MARGARET 20322 NW 16TH PLACE NO MIAMI BEACH FL 33179	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20322 NE 16th PLACE NO MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Margaret Pankow* 07/10/99 305-655-2427

CR2E034 (5/99)

P47000015583

## J & M Design Services, Inc.

20322 NE 16<sup>th</sup> Place

North Miami Beach, FL 33179

305-655-2427 phone

Division of Corporations  
Annual Reports filing  
PO Box 1500  
Tallahassee, FL 32302-1500

To whom it my concern.

Please find the enclosed check for \$ 150.00. This check is in payment of the annual filing fee.

I contacted your office and spoke to Jo and advised her that J&M Design Services Inc. never received the first filling notice, because of incorrect address. Correct mailing address is  
J&M Design Services Inc.

20322 N E 16th Place

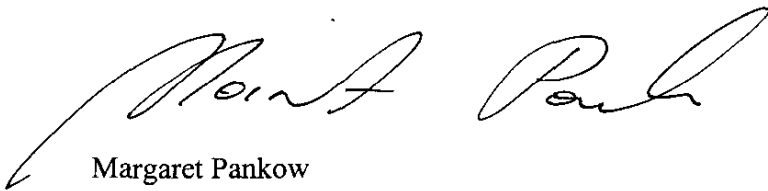
North Miami Beach

FL 33179

Please make the proper correction.

If you have any questions, please contact my office./ph 305-655-2427/

Thank you for your attention to this matter.



Margaret Pankow  
J&M Design Services, Inc.