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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS.

DOCUMENT # PO700082646

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90109 049 ***150.00

	n Name	. –		.040						
JMD ENTERPRISES, INC.								,		
,			•					1 1881/1861 (18 18/14 188) 18/1/ 86/1/ 86/1/	<u> </u>	
Principal Place of Business Mailing Address										
805 N STATE ROAD 7 1740 NE 181 ST										
HOLLYWOOD FL 33024 NMB FL 33162							DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed		
							09/22/1997			
2. Principal Pl	2. Principal Place Bysiness 2a. Mailing Address							4. FEI Number	T	Applied For
21	44	ME	26	SAM	100			65-0786807	· [Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.	·			5. Certificate of Status Desired		5 Additional
22 27							<u>.</u>			Required
City & State City & State					در در وروان	<u>ت</u> ست	a) a	6. Election Campaign Financing	\$5.0 ي	May Be
23			28					Trust Fund Contribution		d to Fees
Zip		Country		Zip	Cou	шу		 This corporation owes the current year Personal Property Tax. 	intangible ☐Yes	□No
24	0 N	and Address of 0	29	ared Agent	30			10. Name and Address of New Register		
-	9. Name	and Address of C	Current Registe	rea Agent		81	Name	To real to drie visit to the second		
DOM	MINGUEZ, .	JULIA								
805 N STATE ROAD 7					٠-	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33024					83					
									1001 7	
{						84	City	F	-L 85 Z	ip Code
11. Pursuant	to the provis	sions of Sections 60	07.0502 and 60	7.1508, Florida Statu	ites, the a	ove-r	named corpo	oration submits this statement for the purpose	of changing	its registered
office or r	anietorod ac	ent or both in the	State of Florida	i. Such change was a Section 607.0505, Fl	authorized	by th	ne corporation	n's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE				,						
SIGNATURE	Signature, types	or printed name of registe	ered agent and title if a	applicable. (NOT	E: Registered	Agent s	signature required	when reinstating) DATE		
12.										TODO 114 40
TITLE .	_	OFFICE	RS AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS		
	D		RS AND DIREC	TORS DELETE	1.1 ΤΓ				AND DIREC	
NAME	DOMING	UEZ, JULIA	RS AND DIREC		1.1 TT 1.2 N/	ME	Depress			
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STREET ADORESS CITY-ST-ZIP	DOMING 1740 NE	UEZ, JULIA	RS AND DIREC	☐ DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CI	ME REET AL 'Y-ST-2			☐ Chang	ge · Addition
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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 adaptment with an address, with all other like empowered.

SIGNATURE: