

**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

**FILED**

97 JUL -7 AM 5:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** 50/541  
 1. Corporation Name **J+DCS Enterprises, Inc.**

Principal Place of Business Mailing Address  
**100 E. Florida Ave Melbourne, FL 32901** **2605 Ornamental Hoover, AL 35226**

2. Principal Place of Business 21 <b>100 E Florida Ave</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2005 Ornamental Lane</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>9/90</b>		3a. Date of Last Report <b>5/96</b>	
22 City & State <b>Melbourne FL</b>		27 City & State <b>Hoover, AL</b>		4. FEI Number <b>59-328082</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
23 Zip <b>32901</b>		28 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
24 <b>32901</b>		25 <b>USA</b>		29 <b>35226</b>		30 <b>USA</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

~~Donna Lamb~~  
**Donna Lamb**  
**203 Driskell**  
**Palm Bay, FL 32907**

81 Name <b>Same</b>	85 Zip Code <b>FL</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 **Donna Lamb** DATE **5/20/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Donna Lamb</b>	1.2 NAME	<b>President</b>
STREET ADDRESS	<b>203 Driskell</b>	1.3 STREET ADDRESS	<b>203 Driskell</b>
CITY-ST-ZIP	<b>Palm Bay, FL 32907</b>	1.4 CITY-ST-ZIP	<b>Palm Bay, FL 32907</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>100002235301--4</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>-07/10/97--01091--003</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>****190.00 ****190.00</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **Donna Lamb - P.** DATE: **5/30/97** TELEPHONE: **205-823-9618**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)