

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **505880**

1. Corporation Name

J. Poole Associates, Inc

Principal Place of Business

Mailing Address

**13605 S. Dixie Hwy
Miami, FL 33176**

2. Principal Place of Business

2a. Mailing Address

21 **13605 S Dixie Hwy**

26 **13605 S. Dixie Hwy**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 **Miami, FL**

28 **Miami, FL**

24 Zip **33176**

Country **USA**

29 Zip **33176**

Country **USA**

9. Name and Address of Current Registered Agent

**Filings, Inc
3732 N.W. 16 ST
FT. Lauderdale, FL 33311**

3. Date incorporated or Qualified

10/15/90

3a. Date of last Report

5/1/95

4. FEI Number

65-022 3982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent or director

(If 11c, Registered Agent signature required when instituting

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Jeanette I Poole	
STREET ADDRESS	6480 SW 133 DR	
CITY-ST-ZIP	Miami, FL	
TITLE	SECY TREAS.	☐ DELETE
NAME	DONALD POOLE	
STREET ADDRESS	6480 SW 133 DR	
CITY-ST-ZIP	Miami, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**900001848573
-06/03/96--01063--022
***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanette I. Poole

5/20/96

DATE

Signature Print Name

CR2E034 (12/95)