

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 # S07268 (3)

1. Corporation Name

JAMAICAN DESIGNS, INC



Principal Place of Business

200 SOUTH HARBOR CITY BLVD
SUITE 501
MELBOURNE FL 32906-1724

Mailing Address

200 SOUTH HARBOR CITY BLVD
SUITE 501
MELBOURNE FL 32906-1724

3. Date Incorporated or Qualified
10/12/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3033349

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WALDRON, TOM D ESO
200 S HARBOR CITY BLVD
SUITE 501
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name RICHARD PARKER

82 Street Address (P.O. Box Number is Not Acceptable)
200 S. HARBOR CITY BLVD

83 SUITE 501

84 City MELBOURNE

FL

85 Zip Code 32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]

[Signature] RICHARD PARKER

4-29-96

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PARKER, JOAN E.
STREET ADDRESS 200 S. HARBOR CITY BLVD.
CITY-STATE-ZIP MELBOURNE FL ☐ DELETE

TITLE DVS
NAME PARKER, RICHARD
STREET ADDRESS 200 S. HARBOR CITY BLVD.
CITY-STATE-ZIP MELBOURNE FL ☐ DELETE

TITLE T
NAME PARKER, RICHARD
STREET ADDRESS 200 S. HARBOR CITY BLVD.
CITY-STATE-ZIP MELBOURNE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP ☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

457-724-2383

CR2E034 (12/95)