

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S18650** (9)

1. Corporation Name

JENNMAR DIMENSIONAL CONCEPTS, INC.



Principal Place of Business

**11829 S.W. 42ND COURT
DAVE FL 33330**

Mailing Address

**11829 S.W. 42ND COURT
DAVE FL 33330**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BELYEU, BARBARA
11829 S.W. 42ND COURT
DAVE FL 33330**

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 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0602, Florida Statutes.

SIGNATURE

Signature of person who is authorized to make this change

Signature of person who is authorized to make this change

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **P BELYEU, BARBARA**
STREET ADDRESS **11829 S.W. 42ND COURT**
CITY-ST-ZIP **DAVE FL**

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

2. TITLE

☐ Change ☐ Addition

2. NAME

2. STREET ADDRESS

2. CITY-ST-ZIP

3. TITLE

☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

3. CITY-ST-ZIP

4. TITLE

☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE

☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exception 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 affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96

954-474-9796

CR2E034 (12/95)