FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53572** **(1)**

1. Corporation Name
DJD SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1501 SW LEJEUNE RD BOX 14-4792 CORAL GABLES FL 33114	1501 SW LEJEUNE RD BOX 14-4792 CORAL GABLES FL 33114

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/15/1991**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **65-0261482** ☐ 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

9. Name and Address of Current Registered Agent

FORMAN, TERRY J.
1521 SW LEJEUNE RD
CORAL GABLES FL 33134

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 the 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	11 TITLE		☐ Change ☐ Addition
NAME	HARRISON, DONALD	12 NAME		
STREET ADDRESS	1501 SW LEJEUNE RD	13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☒ Change ☐ Addition
NAME	HARRISON, JAMES C JR.	22 NAME		
STREET ADDRESS	~~11915 SW 185 TERR~~	23 STREET ADDRESS	1501 SW LeJeune Rd	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	BARABE, DEBRA	32 NAME		
STREET ADDRESS	1501 SW LE JEUNE RD	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP		
TITLE	DVP	41 TITLE	DVP	☐ Change ☒ Addition
NAME	Gwen J Potter	42 NAME	Gwen J Potter	
STREET ADDRESS	1501 SW LeJeune Rd	43 STREET ADDRESS	1501 SW LeJeune Road	
CITY-ST-ZIP	Coral Gables	44 CITY-ST-ZIP	Coral Gables FL 33134	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Gwen J Potter Gwen J. Potter 4/24/95 (305) 441-5224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

020671B CP