

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 7:09

DOCUMENT # S59600

(4)

1. Corporation Name
J.R. TWO, INC.

Principal Place of Business

Mailing Address

2977 MCFARLAND RD 3RD FL #304

2977 MCFARLAND RD 3RD FL #304
MIAMI FL 33133

4304
MIAMI FL 33193
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/12/1991

3a. Date of Last Report
02/23/1994

4. FEI Number
65-0320090

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

2a. Mailing Address

21 ~~3036 Grand Ave~~

26 7439 N. Kendall Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Coconut Grove, FL

28 Miami, FL

24 Zip 33133

25 Country

29 Zip 33156

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELDRIDGE, KENNETH
2977 MCFARLAND RD.
MIAMI FL 33133-6033

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Signature of Registered Agent (signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ELDRIDGE, KENNETH
STREET ADDRESS	2977 MCFARLAND #304
CITY - ST - ZIP	MIAMI FL 33133
TITLE	D
NAME	WROBEL, HAROLD
STREET ADDRESS	2977 MCFARLAND RD.
CITY - ST - ZIP	MIAMI FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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: x

K.D. Eldridge

x

3/31/95

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