## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name V05912

(3)

J.L.M. DESIGNS, INC.

## **FILED** Mar 11 1998 8:00am Secretary of State



	: **; •								
Principal Place of Business Mailing Address									i Diriki iroli
1422 SW 28TH AVE 1422 SW 28TH AVE									
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
						01/10/1992		<del> </del>	
	ace of Business	2a. Mailing Address			4. FEI Number		<del></del>	plied For	
Suite, Apt.	# elc	Suite, Apt. #, etc.			65-0302625		\$8.75 A	Additional	
22	.,	<b>⊢</b> ¬ '	27			5. Certificate of Status Desired		Fee Re	
City & State	)	City & State	City & State			6. Election Campalgn Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou <b>30</b>	intry		8. This corporation owes or has pai	_		
24	4 25 29 29 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30.  10. Name and Address of New Registered					No
MAI	<del></del>	81	Name	10.	<u>,</u>	.34			
MANETTI, JEANNE L. 1422 SW 28TH AVE				82	Stroot Addro	ss (P.O. Box Number is Not Acceptab	lo)		
	ERFIELD BEACH FL 33442					ss (F.O. Box Number is Not Acceptab			
, 55				83					
				84	City			85 Zip (	Code
				Ш	•		FL	1   `	
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 Stonature typod or uninted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered  12. OFFICERS AND DIRECTORS  13.					nt signature required	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	S IN 12
TITLE	DP OF FIGURE	DELETE 1.1 TO			- 1	ADDITIONO/OTANGEO TO OTTIO	ENG AND	Change	Addition
NAME	MANETTI, JEANNE L		1.2 NAMI						
STREET ADDRESS	1422 SW 28TH AVE		1.3 ST	REET	ADDRES\$	•			
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CI	1Y-S1	r-ZIP				
TITLE	ST	☐ DELETE	2.1 TI	TLE				Change	Addition
NAME	MANETTI, JEANNE L		2.2 NAME						Į
STREET ADDRESS	1422 SW 28TH AVE			2.3 STREET ADDRESS 2.4 CITY+ST-ZIP					į
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL	☐ DELETE			1-ZIP			Change	Addition
NAME		☐ occ.,t	3.2 NAME				,		
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS				-
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ŀ				
TITLE			4.1 Til	TLE				☐ Change	Addition
NAME	4.2		4. 2 N	4. 2 NAME					
STREET ADDRESS			4.3 ST	REET	address				
CITY-ST-ZIP	<u></u> ,		4.4 CITY-		-ZIP				1.480
TITLE		☐ DELET <b>E</b>	5.1 TITLE					L Change	L. Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE						
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE		-28		<del></del>	Change	Addition
NAME				ME					-
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-51	- ZIP				
14. I hereby c	ertify that the information supplied wi	ith this filing does not qualify for	r the exe	mpt	ion stated in S	ection 119.07(3)(i), Florida Statutes. I i	Jurther cer	tify 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 all officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.