

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V13952** (9)

1. Corporation Name

J & M COMPUTING, INC.

Principal Place of Business

**11219 NW 3RD TER
MIAMI FL 33172**

Mailing Address

**11219 NW 3RD TER
MIAMI FL 33172**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

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Zip

Country

Zip

Country

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29

30

9. Name and Address of Current Registered Agent

**TOBER, JOHN E.
7015 SW 138 CT
MIAMI FL 33183**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/12/1992

3a. Date of Last Report

06/05/1995

4. FEI Number

65-0311787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of the person or corporation submitting this statement

Signature of the person or corporation submitting this statement

Signature of the person or corporation submitting this statement

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
WEEKS, JOSEPH D.
11219 NW 3RD TER
MIAMI FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**ST
WEEKS, MELISA M.
11219 NW 3RD TERR.
MIAMI FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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30. TITLE NAME STREET ADDRESS CITY-ST-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:

Melisa M. Weeks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELISA M WEEKS

April 30, 1996 (30) 839552

CR2E034 (12/95)