

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49294 (4)

1. Corporation Name

JAMACIANS OF THE PALM BEACHES, INC.

Principal Place of Business

**4200 LATONA AVE.
WEST PALM BEACH FL 33407**

Mailing Address

**4200 LATONA AVE.
WEST PALM BEACH FL 33407**



3. Date Incorporated or Qualified
06/08/1992

3a. Date of Last Report
04/05/1995

4. FEI Number **65-0348218**
APPLIED FOR

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 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

**KENTON, HOPETON
4200 LATONA AVE.
W. PALM BEACH FL 33407**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **WRAY, LEON**
STREET ADDRESS **17474 62ND RD. N.**
CITY-ST-ZIP **LOXAHATCHEE FL 33403**

TITLE **DV** ☐ DELETE
NAME **KENTON, HOPETON**
STREET ADDRESS **4200 LATONA AVE.**
CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE **DT** ☐ DELETE
NAME **GRANT, ALVIN**
STREET ADDRESS **507 HURON PL.**
CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE **DS** ☐ DELETE
NAME **JONES, MILLIE**
STREET ADDRESS **405 50TH ST.**
CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE **D** ☐ DELETE
NAME **LLEWELLYN, IRMA**
STREET ADDRESS **184 W. 24TH ST.**
CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alvin Grant, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96 **407 684 1357**
DATE DAYTIME PHONE #

CR2E037 (12/95)