FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
98 JAN 12 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49294 (4)

1. Corporation Name

JAMACIANS OF THE PALM BEACHES, INC.

REINSTATEMENT ao 1/12

Principal Place of Business	Mailing Address
4200 LATONA AVE. WEST PALM BEACH FL 33407	4200 LATONA AVE. WEST PALM BEACH FL 33407-3526

3. Date Incorporated or Qualified: 06/08/1992
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0348218 ☐ 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

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 700002308527--1 -01/13/98--01075--010 ****175.00 ****175.00
84 City FL 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] REG. AGENT. 12/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	~~WRAY, LEON~~ MARCIA Bodden		1.2 NAME		
STREET ADDRESS	~~17474 62ND RD. N.~~ 1601 40th St		1.3 STREET ADDRESS	1601 40th St	
CITY-ST-ZIP	~~LOXAHATCHEE FL~~ West Palm Beach, Fl		1.4 CITY-ST-ZIP	West Palm Beach, Fl 33407	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KENTON, HOPETON		2.2 NAME	700002308527--1 -01/13/98--01075--011 *****78.75 *****78.75	
STREET ADDRESS	4200 LATONA AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRANT, ALVIN		3.2 NAME		
STREET ADDRESS	507 HURON PL.		3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	~~JONES, MILLIE~~ Dorett Wateiman		4.2 NAME		
STREET ADDRESS	~~485 50TH ST.~~ ~~P.O. Box 11111~~ West Palm Beach		4.3 STREET ADDRESS	5285 Marcia Pl ~~P.O. Box 11111~~ West Palm Beach	
CITY-ST-ZIP	~~W. PALM BEACH FL~~ Riviera Beach Fl 33404		4.4 CITY-ST-ZIP	Riviera Beach, Fl 33404 33407	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LLEWELLYN, HIRMA		5.2 NAME		
STREET ADDRESS	184 W. 24TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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