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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

461326 - 90159 - 39

DOCUMENT # **N49294**

1. Corporation Name
JAMACIANS OF THE PALM BEACHES, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/08/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0348218 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KENTON, HOPETON 4200 LATONA AVE. W. PALM BEACH FL 33407	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 ~~Alvin Kenton Grant~~ HOPETON KENTON DATE 3/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BODDEN, MARCIA		1.2 NAME	
STREET ADDRESS	1601 40TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITELY, JENNY R		2.2 NAME	
STREET ADDRESS	742 MAGNOLIA DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403		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	WEST PALM BEACH FL 33409		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WATERMAN, DORETT		4.2 NAME	
STREET ADDRESS	5285 MARCIA PL.		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		4.4 CITY-ST-ZIP	
TITLE	D HOPETON KENTON	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	~~LLEWELLYN, HIRMA~~ President		5.2 NAME	
STREET ADDRESS	~~159 E. 28TH STREET~~ 4200 Latona Ave		5.3 STREET ADDRESS	
CITY-ST-ZIP	~~RIVIERA BEACH FL 33404~~ West Palm Beach Fl 33407		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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: ~~Alvin Kenton Grant~~ SIGNATURE REQUIRED Treasurer 3/26/99 561 640 3820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #