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03-03-1999 90116 028 ***150.00

UNASSC 1

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P92000004949**

1. Corporation Name
JAMARK OF SARASOTA, INC.



Principal Place of Business: 1530 DOLPHIN STREET SARASOTA FL 34236
 Mailing Address: 1530 DOLPHIN STREET SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1992**
 4. FEI Number: **65-0389701**
 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 owes the current year Intangible Personal Property Tax: No

2. Principal Place of Business (21-23) and Mailing Address (2a-29) details including Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent
WALLACH, JORDAN L
1800 SECOND STREET
SUITE 870
SARASOTA FL 34236

10. Name and Address of New Registered Agent
 81 Name: **Serbin, Mark J**
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 **8016 Estates Drive**
 84 City: **Sarasota** FL 85 Zip Code: **34243**

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: **Mark Serbin** (typed name) *Mark Serbin* (handwritten signature) DATE: **2-11-99**

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input checked="" type="checkbox"/> DELETE
NAME	SERBIN, JACK J	
STREET ADDRESS	1530 DOLPHIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SERBIN, MARK	
STREET ADDRESS	1530 DOLPHIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Serbin, Mark J	
2.3 STREET ADDRESS	8016 Estates Dr.	
2.4 CITY-ST-ZIP	Sarasota, FL 34243.	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Serbin, Robin C.	
3.3 STREET ADDRESS	8016 Estates Dr.	
3.4 CITY-ST-ZIP	Sarasota, FL 34243	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, 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: **Mark Serbin** *Mark Serbin* DATE: **2-11-99** 941-366-0755
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)