

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

00 MAY 12 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT



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

2000

DOCUMENT # P94000063736

1. Corporation Name

J.A.M. EUROPEAN AUTOWERKS, INC.
1808 N. KELLEY AVE.
KISSIMMEE, FL. 34743



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1516 N KELLEY AVE, KISSIMMEE, FL 34744
Mailing Address: 1506 N. KELLEY AVE. KISSIMMEE, FL 34744

21	22	23	24	25	26	27	28	29	30
Principal Place of Business		Suite, Apt. #, etc.		City & State		Zip		Country	
25		26		27		28		29	
31		32		33		34		35	
36		37		38		39		40	

3. Date incorporated or Qualified: 8/24/94

4. FEI Number: 89-3284036

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CAMPANA, JOE
1680 NEPTUNE RD.
KISSIMMEE, FL 34744

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1808, 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 607.0608, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	CAMPANA, JOE	
STREET ADDRESS	1680 NEPTUNE RD.	
CITY- ST- ZIP	KISSIMMEE, FL 34744	
TITLE	VD	<input type="checkbox"/>
NAME	CAMPANA, ANGELO	
STREET ADDRESS	1826 E. MUSKCAT CIRCLE	
CITY- ST- ZIP	KISSIMMEE, FL 34744	
TITLE	STD	<input type="checkbox"/>
NAME	CAMPANA, GARY	
STREET ADDRESS	1802 ISLAND CIRCLE, APT. 106	
CITY- ST- ZIP	KISSIMMEE, FL 34741	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ANGELO F. CAMPANA		
2.3 STREET ADDRESS	22166 CHARDONNAY COURT WEST		
2.4 CITY- ST- ZIP	KISSIMMEE, FL 34741		
3.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	CAMPANA, GARY A		
3.3 STREET ADDRESS	3225 FAIRHAVEN AVENUE		
3.4 CITY- ST- ZIP	KISSIMMEE, FL 34746		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			

100003279471--0
05/07/00 01012 PPS
****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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.

Campana 5-9-00