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FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000066126 (1)
 1. Corporation Name
JAMVESCO, INC.



Principal Place of Business 5145 SOUTH GULF OF MEXICO DR. LONGBOAT KEY FL 34228 US	Mailing Address P. O. BOX 306 LONGBOAT KEY FL 34228-0306 US
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2. Principal Place of Business 21 same/5145 GMD Suite, Apt. #, etc. 22 B City & State 23 LBK FLA Zip 24 34228 Country 25 U.S.A.	2a. Mailing Address 26 same/P.O. Box 306 Suite, Apt. #, etc. 27 X City & State 28 LBK FLA Zip 29 34228 Country 30 U.S.A.	3. Date Incorporated or Qualified 09/08/1994	3a. Date of Last Report 08/05/1996
		4. FEI Number 65-0512248	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SEATON, JAMES V
 5145 SO. GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent
 81 Name **N/A**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 *[Signature]* **SEATON** DATE **4/1/97**
Signature typed or printed name of registered agent and title, if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	SEATON, JAMES V	
STREET ADDRESS	C/O 5145 SO. GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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			

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

SIGNATURE *[Signature]* **JAMES V. SEATON** DATE **4/1/97** (441) 298-1235

CR2E034 (9/96)