

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90005 026 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000098918

1. Corporation Name  
**JMCO, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: FEINGOLD & KAM, 3300 PGA BLVD., STE. 410, PALM BEACH GARDENS FL 33410  
 Mailing Address: FEINGOLD & KAM, 3300 PGA BLVD., STE. 410, PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified: 11/24/1998  
 4. FEI Number: 650889574  
 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: Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**FEINGOLD, DAVID J**  
**3300 PGA BLVD., STE. 410**  
**PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	JARED SHAW	<input type="checkbox"/> DELETE
NAME	PRESIDENT	
STREET ADDRESS	2300 W SAMPLE ROAD	
CITY-ST-ZIP	POMPANO, FL 33073	
TITLE	MICHAEL MANUS	<input type="checkbox"/> DELETE
NAME	SECRETARY	
STREET ADDRESS	2300 W SAMPLE ROAD	
CITY-ST-ZIP	POMPANO, FL 33073	
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	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JARED SHAW	
1.3 STREET ADDRESS	2300 W. SAMPLE ROAD	
1.4 CITY-ST-ZIP	POMPANO BCH, FL 33073	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL MANUS	
2.3 STREET ADDRESS	2300 W. SAMPLE ROAD	
2.4 CITY-ST-ZIP	POMPANO BCH, FL 33073	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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.

SIGNATURE: JARED SHAW PRESIDENT 7/23/99 561-347-9019

CR2E034 (5/99)