

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **131530** (8)  
1. Corporation Name  
**JAMCO, INC.**

Principal Place of Business <b>P O BOX 825 1830 CLARE AVE W PALM BEACH FL 33402</b>	Mailing Address <b>P O BOX 825 1830 CLARE AVE W PALM BEACH FL 33402-0825</b>
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2. Principal Place of Business 21 <b>1615 CLARE AVE</b> Suite, Apt #, etc.		2a. Mailing Address 26 Suite, Apt #, etc.		3. Date Incorporated or Qualified <b>11/27/1935</b>	3a. Date of Last Report <b>04/30/1996</b>
22 City & State <b>WEST PALM BEACH FL</b>		27 City & State		4. FEI Number <b>59-0370790</b>	Applied For Not Applicable
23 Zip <b>33401</b>	Country <b>USA</b>	28 Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MURPHY, JOHN E 1830 CLARE AVE WEST PALM BEACH FL 33401</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	
		<b>FL</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD MARTINELLI, VICTOR 1888 STAMFORD CIRCLE WELLINGTON FL</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MURPHY, JOHN E 1830 CLARE AVE WEST PALM BEACH FL</b> <input type="checkbox"/> DELETE	1.2 NAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MURPHY, MARTIN E 1830 CLARE AVE WEST PALM BEACH FL</b> <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD CARROLL, WILLIAM N 1830 CLARE AVE WEST PALM BEACH FL</b> <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARROLL, WILLIAM N 1830 CLARE AVE W PALM BCH, FL 00000</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		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 checked="" type="checkbox"/> Addition
		6.2 NAME	<b>AS LISA LETTENMAIER</b>
		6.3 STREET ADDRESS	<b>1936 HARTFORD CT</b>
		6.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33409</b>

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: Victor Martinelli, VICTOR MARTINELLI, TSD, 4/28/97 561/655-3634 x118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)