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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 535377 (6)

1. Corporation Name  
JAMKO, INC.

Principal Place of Business  
3993 N.W. 19TH ST  
LAUDERDALE LAKES FL 33311

Mailing Address  
3993 N.W. 19TH ST  
LAUDERDALE LAKES FL 33311-4125



2. Principal Place of Business  
21 6680 E. ROGERS CIRCLE  
Suite, Apt. #, etc.  
22 # 26  
City & State  
23 BOCA RATON, FL  
Zip  
24 33487 Country  
25 USA  
2a. Mailing Address  
26 6680 E. ROGERS CIRCLE  
Suite, Apt. #, etc.  
27 # 26  
City & State  
28 BOCA RATON, FL  
Zip  
29 33487 Country  
30 USA

3. Date Incorporated or Qualified  
05/11/1977  
3a. Date of Last Report  
04/23/1996  
4. FEI Number  
59-1742840  
Applied For  
Not Applicable  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
MAZLOFF, HOWARD W.  
8300 S DADELAND BLVD., SUITE 610  
MIAMI FL 33156

10. Name and Address of New Registered Agent  
81 Name  
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 of registered agent or principal officer of corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	GOLDBERG, MAYNARD	3993 N.W. 19TH ST LAUDERDALE LAKES FL		<input type="checkbox"/>
VD	GOLDBERG, CHRISTINE	3993 N.W. 19TH ST LAUDERDALE LAKES FL		<input type="checkbox"/>
VD	GOLDBERG, MURRAY E.	3993 N.W. 19TH ST LAUDERDALE LAKES FL		<input type="checkbox"/>
D	GOLDBERG, MAYNARD	3993 N.W. 19TH ST LAUDERDALE LAKES FL		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		6680 E. ROGERS CIRCLE #26 BOCA RATON, FL 33487		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		6680 E. ROGERS CIRCLE #26 BOCA RATON, FL 33487		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		6680 E. ROGERS CIRCLE #26 BOCA RATON, FL 33487		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		6680 E. ROGERS CIRCLE #26 BOCA RATON, FL 33487		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Maynard Goldberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-97  
Date

561-986-7915  
Daytime Phone #

0269561

CR2E034 (9/96)