

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90092 041 ***150.00

DOCUMENT # 535377

1. Corporation Name
JAMKO, INC.

Principal Place of Business

6680 E. ROGERS CIR
26
BOCA RATON FL 33487
US

Mailing Address

6680 E. ROGERS CIR
26
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1977

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2200 GLADES RD.
Suite, Apt. #, etc.

2a. Mailing Address

26 8825 GLADES RD.
Suite, Apt. #, etc.

City & State

23 BOCA RATON, FL
Zip Country

City & State

28 BOCA RATON
Zip Country

24 33431

25 PALM BEACH

29 33431

30 PALM

9. Name and Address of Current Registered Agent

MAZLOFF, HOWARD W.
9300 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME GOLDBERG, MAYNARD

STREET ADDRESS 6680 E. ROGERS CIR #26 3240 CANTERBURY DR

CITY-ST-ZIP BOCA RATON FL 33434

TITLE VD ☒ DELETE

NAME GOLDBERG, CHRISTINE

STREET ADDRESS 6680 E. ROGER CIR #26

CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE

NAME GOLDBERG, MURRAY E.

STREET ADDRESS 6680 E. ROGERS CIR #26 3240 CANTERBURY DR

CITY-ST-ZIP BOCA RATON FL 33434

TITLE D ☐ DELETE

NAME GOLDBERG, MAYNARD

STREET ADDRESS 6680 E. ROGERS CIR #26 3240 CANTERBURY DR

CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0364104