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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 590914 (8)

JA-MAR ELECTRICAL INC.

**FILED** Apr 14 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address	······································				
736 N.E. 34TH COURT OAKLAND PARK FL 33334  736 N.E. 34TH COURT OAKLAND PARK FL 33334			ŀ		DO NOT WRITE IN TH	IS SPACE	
					Date Incorporated or Qualified     10/24/1978		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1858322		Not Applicable
Suite, Apt. /		Suite, Apt. #, etc.	- 2000 to 1000 to 1000 to 1000		5. Certificate of Status Desired		75 Additional e Required
City & State		City & State	*****		6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	7(p	Country	/	8. This corporation owes or has paid the		
24	[25]		30		Personal Property Tax due June 30,	Yes Yes	L] No
<u> </u>	9. Name and Address of Curre	nt Registered Agent		Name	10, Name and Address of New Register	d Agent	
	LIAMS, MARJORIE S.		81	Name			
736 N.E. 34TH COURT				Street Add	Idress (P.O. Box Number is Not Acceptable)		
OAH	KLAND PARK FL 33334						
			83				
			84	City		85	Zip Code
				L	poration submits this statement for the purposition's board of directors. I hereby accept the a	L °°	
SIGNATURE	of familiar with, and accept the oblig Signature types or profest name of region resting OF FICERS AN				red when reinstaking) DATI ADDITIONS/CHANGES TO OFFICERS A		TORS IN 12
TITLE	PDT	DELETE	1.1 TITLE			Cha	
NAME	WOLFREY, FOREST D		1.2 NAME				
STREET ADDRESS	736 N.E. 34TH CT.		1.3 STREE	ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL		1.4 CITY - 9	ST - ZIP			
TITLE	SD	☐ DELETE	2.1 1111.E			Char	nge Addition
NAME	WILLIAMS, MARJORIE S.		2.2 NAME				
STREET ADDRESS	736 N.E. 34TH CT.		2 3 STREET	ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL		2 4 CITY-	S1 - ZIP			
TITLE		DELETE	3.1 TITLE			Char	nge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3 4. CiTY-	ST-7IP			
TITLE		DELETE	4 1 TITLE			∐ Char	nge 🗌 Addition
NAME			4 2 NAME				
STREET ADDRESS				ADDRESS .			
CITY-ST-ZIP		none from	4.4 CITY - S	IT- ZIP			1"1 i . i
TITLE		DELETE	5.1 TALE			Char	nge L Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP	<del></del>	· · · · · · · · · · · · · · · · · · ·	5.4 CITY - S	ST - ZIP			<u> </u>
FITLE		☐ DELET€	6.1 TITLE			☐ Char	nge L Addition
NAME			6.2 NAME				
STORET ADDRESS			6.3 STHEET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	1- ZIP			
44 I hereby or	with that the information counties to	with this filing doce not qualify for	the averno	lion stated in	Cooling 440 07/2)(i) Florida Statutos I furlhor	portific that	the information

Increby 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 informatio 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.