

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 PM 2: 20

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000733

JAM TRUSTS, LTD.



Mailing Address

**14830 S. MILITARY TRAIL
DELRAY BEACH FL 33484**

Principal Office Address

**14830 S. MILITARY TRAIL
DELRAY BEACH FL 33484**

3. Date Formed or Registered

04/16/1996

5a. Capital Contributions as
Shown on record.

\$5,000.00

3a. Date of Last Report

12/22/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

1645 S.E. 3rd Court

2a. Principal Office Address

1645 S.E. 3rd Court

Suite, Apt. #, etc.

suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

Zip

33441

Country

USA

6. FEI Number

65-0658126

☐ Applied For

☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

GEISERMAN, ROBERT M

14830 S. MILITARY TRAIL

DELRAY BEACH FL 33484

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

1645 S.E. 3rd Court

Suite, Apt. #, etc.

Suite 200

City

Deerfield Beach

FL

Zip Code

33441

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

A-G FINANCIAL CORPORATION

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**14830 S. MILITARY TRAIL
1645 S.E. 3rd Court
Suite 200**

11b. City, State & Zip Code

**DELRAY BEACH FL 33484
Deerfield Beach, FL
33441**

11c. Registration/
Document Number

P96000031700

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form **Robert M. Geiserman, Pres. of AG** Daytime Telephone Number **(954) 420-1001**

CR2E003 (6/97)